

00108

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE

RECEIVED

APR 05 2016

OHIO GRAPHIC ARTS HEALTH FUND

OFFICE OF RISK
ASSESSMENT

NAIC Group Code 0001 , 0001 NAIC Company Code 00108 Employer's ID Number 316034857
(Current Period) (Prior Period)

Organized under the Laws of Ohio , State of Domicile or Port of Entry Ohio

Country of Domicile US

Licensed as business type:

Life, Accident and Health ☒ [X] Property/Casualty ☐ [] Hospital, Medical and Dental Service or Indemnity ☐ []
Dental Service Corporation ☐ [] Vision Service Corporation ☐ [] Other ☐ []
Health Maintenance Organization ☐ [] Is HMO Federally Qualified? Yes ☐ () No ☐ ()

Incorporated/Organized August 1, 1953 Commenced Business August 1, 1953

Statutory Home Office 88 Dorchester Square, Westerville, Ohio, US 43081
(Street and Number, City or Town, State, Country and Zip Code)

Main Administrative Office 88 Dorchester Square, Westerville, Ohio, US 43081 888-576-1971
(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 88 Dorchester Square, Westerville, Ohio, US 43081
(Street and Number or P O Box, City or Town, State, Country and Zip Code)

Primary Location of Books and Records 88 Dorchester Square, Westerville, Ohio, US 43081
(Street and Number, City or Town, State, Country and Zip Code)
888-576-1971
(Area Code) (Telephone Number)

Internet Website Address N/A

Statutory Statement Contact Jim Cunningham 888-576-1971
(Name) (Area Code) (Telephone Number) (Extension)
(E-Mail Address) (Fax Number)

OFFICERS

Larry Halenkamp (President)
James Maly (Secretary)

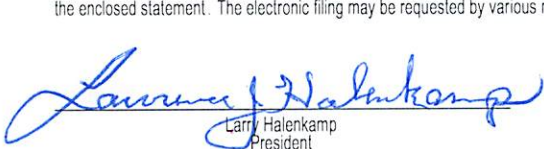
OTHER OFFICERS

DIRECTORS OR TRUSTEES

Pam Lasita
Jim Basch#
Jim Cunningham
Ken Rellar
John Hassan
Larry Halenkamp
James Maly
Robert Van Leer

State of Ohio } SS
County of _____

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.


Larry Halenkamp
President


James Maly
Secretary

Subscribed and sworn to before me this
day of _____

a. Is this an original filing? Yes (X) No ()
b. If no: 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col 1 - 2)	4 Net Admitted Assets
1 Bonds (Schedule D)	575,363		575,363	773,928
2 Stocks (Schedule D):				
2 1 Preferred stocks	37,016		37,016	272,870
2 2 Common stocks	877,312		877,312	1,697,302
3 Mortgage loans on real estate (Schedule B):				
3 1 First liens				
3 2 Other than first liens				
4 Real estate (Schedule A):				
4 1 Properties occupied by the company (less \$ encumbrances)				
4 2 Properties held for the production of income (less \$ encumbrances)				
4 3 Properties held for sale (less \$ encumbrances)				
5 Cash (\$ (726), Schedule E-Part 1), cash equivalents (\$, Schedule E-Part 2) and short-term investments (\$ 7,891, Schedule DA)	7,165		7,165	92,989
6 Contract loans (including \$ premium notes)				
7 Derivatives (Schedule DB)				
8 Other invested assets (Schedule BA)				
9 Receivables for securities				
10 Securities lending reinvested collateral assets (Schedule DL)				
11 Aggregate write-ins for invested assets				
12 Subtotals, cash and invested assets (Lines 1 to 11)	1,496,856		1,496,856	2,837,089
13 Title plants less \$ charged off (for Title insurers only)				
14 Investment income due and accrued	6,923		6,923	12,037
15 Premiums and considerations:				
15 1 Uncollected premiums and agents' balances in the course of collection	62,031	27,369	34,662	54,755
15 2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)				
15 3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)				
16 Reinsurance:				
16 1 Amounts recoverable from reinsurers	284,671		284,671	504,305
16 2 Funds held by or deposited with reinsured companies				
16 3 Other amounts receivable under reinsurance contracts				
17 Amounts receivable relating to uninsured plans				
18 1 Current federal and foreign income tax recoverable and interest thereon				
18 2 Net deferred tax asset				
19 Guaranty funds receivable or on deposit				
20 Electronic data processing equipment and software				
21 Furniture and equipment, including health care delivery assets (\$)				
22 Net adjustment in assets and liabilities due to foreign exchange rates				
23 Receivables from parent, subsidiaries and affiliates				
24 Health care (\$) and other amounts receivable				
25 Aggregate write-ins for other-than-invested assets				
26 Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,850,481	27,369	1,823,112	3,408,186
27 From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28 Total (Lines 26 and 27)	1,850,481	27,369	1,823,112	3,408,186
DETAILS OF WRITE-INS				
1101 Amount due from Brokers				
1102				
1103				
1198 Summary of remaining write-ins for Line 11 from overflow page				
1199 Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501 Amounts due from Brokers				
2502				
2503				
2598 Summary of remaining write-ins for Line 25 from overflow page				
2599 Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$reinsurance ceded)	750,000		750,000	525,000
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	50,000		50,000	50,000
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance	23,487		23,487	19,894
9. General expenses due or accrued	48,953		48,953	25,489
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)				
15. Amounts due to parent, subsidiaries and affiliates				
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$ current)				
24. Total liabilities (Lines 1 to 23)	872,440		872,440	620,383
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX		
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	950,672	2,787,803
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Line 25 to 31 minus Line 32)	XXX	XXX	950,672	2,787,803
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,823,112	3,408,186
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	X X X	15,535	14,210
2. Net premium income (including \$ non-health premium income)	X X X	5,009,256	4,279,755
3. Change in unearned premium reserves and reserve for rate credits	X X X		
4. Fee-for-service (net of \$ medical expenses)	X X X		
5. Risk revenue	X X X		
6. Aggregate write-ins for other health care related revenues	X X X		
7. Aggregate write-ins for other non-health revenues	X X X		
8. Total revenues (Lines 2 to 7)	X X X	5,009,256	4,279,755
Hospital and Medical:			
9. Hospital/medical benefits		4,254,970	2,772,036
10. Other professional services			
11. Outside referrals			
12. Emergency room and out-of-area		353,148	256,559
13. Prescription drugs		1,258,136	955,674
14. Aggregate write-ins for other hospital and medical			
15. Incentive pool, withhold adjustments and bonus amounts			
16. Subtotal (Lines 9 to 15)		5,866,254	3,984,269
Less:			
17. Net reinsurance recoveries			
18. Total hospital and medical (Lines 16 minus 17)		5,866,254	3,984,269
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$ cost containment expenses			
21. General administrative expenses		780,845	672,925
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		225,000	
23. Total underwriting deductions (Lines 18 through 22)		6,872,099	4,657,194
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(1,862,843)	(377,439)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		70,936	88,159
26. Net realized capital gains (losses) less capital gains tax of \$		337,388	297,553
27. Net investment gains (losses) (Lines 25 plus 26)		408,324	385,712
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			
29. Aggregate write-ins for other income or expenses			
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	(1,454,519)	8,273
31. Federal and foreign income taxes incurred	X X X		
32. Net income (loss) (Lines 30 minus 31)	X X X	(1,454,519)	8,273
DETAILS OF WRITE-INS			
0601. Increase in funds held with reinsurance companies	X X X		
0602. Refund of funds held with reinsurance companies	X X X		
0603.	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X		
0701.	X X X		
0702.	X X X		
0703.	X X X		
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901. Change in Estimate from Prior Year decrease in Accrued expenses			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (continued)

CAPITAL AND SURPLUS ACCOUNT	1	2
	Current Year	Prior Year
33 Capital and surplus prior reporting year	2,787,803	2,861,979
34 Net income or (loss) from Line 32	(1,454,519)	8,273
35 Change in valuation basis of aggregate policy and claims reserves		
36 Change in net unrealized capital gains (losses) less capital gains tax of \$	(366,086)	(84,450)
37 Change in net unrealized foreign exchange capital gain or (loss)		
38 Change in net deferred income tax		
39 Change in nonadmitted assets	(16,526)	2,001
40 Change in unauthorized and certified reinsurance		
41 Change in treasury stock		
42 Change in surplus notes		
43 Cumulative effect of changes in accounting principles		
44 Capital Changes:		
44.1 Paid in		
44.2 Transferred from surplus (Stock Dividend)		
44.3 Transferred to surplus		
45 Surplus adjustments:		
45.1 Paid in		
45.2 Transferred to capital (Stock Dividend)		
45.3 Tranferred from capital		
46 Dividends to stockholders		
47 Aggregate write-ins for gains or (losses) in surplus		
48 Net change in capital and surplus (Lines 34 to 47)	(1,837,131)	(74,176)
49 Capital and surplus end of reporting year (Line 33 plus 48)	950,672	2,787,803
DETAILS OF WRITE-INS		
4701		
4702		
4703		
4798 Summary of remaining write-ins for Line 47 from overflow page		
4799 Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)		

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	5,029,303	4,275,255
2. Net investment income	74,207	95,380
3. Miscellaneous income		
4. Total (Line 1 through Line 3)	5,103,510	4,370,635
5. Benefit and loss related payments	5,646,620	4,407,473
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	757,381	679,563
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		
10. Total (Line 5 through Line 9)	6,404,001	5,087,036
11. Net cash from operations (Line 4 minus Line 10)	(1,300,491)	(716,401)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid		
12.1 Bonds	225,395	402,600
12.2 Stocks	1,651,029	1,285,155
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds		35,388
12.8 Total investment proceeds (Line 12.1 through Line 12.7)	1,876,424	1,723,143
13. Cost of investments acquired (long-term only):		
13.1 Bonds	26,375	244,011
13.2 Stocks	622,495	698,844
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Line 13.1 through Line 13.6)	648,870	942,855
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	1,227,554	780,288
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)	(12,887)	
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(12,887)	
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(85,824)	63,887
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	92,989	29,102
19.2 End of year (Line 18 plus Line 19.1)	7,165	92,989

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001 this represents non-admitted assets that were outstanding at 12-31-14 and deemed uncollectible durin	(12,887)	
20.0002		
20.0003		
20.0004		
20.0005		
20.0006		
20.0007		
20.0008		
20.0009		
20.0010		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1 Net premium income	5,009,256	5,009,256								
2 Change in unearned premium reserves and reserve for rate credit										XXX
3 Fee-for-service (net of \$ medical expenses)										XXX
4 Risk revenue										XXX
5 Aggregate write-ins for other health care related revenues										
6 Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7 Total revenues (Lines 1 to 6)	5,009,256	5,009,256								
8 Hospital/medical benefits	4,254,970	4,254,970								XXX
9 Other professional services										XXX
10 Out-of-pocket services										XXX
11 Emergency room and out-of-area	353,148	353,148								XXX
12 Prescription drugs	1,258,136	1,258,136								XXX
13 Aggregate write-ins for other hospital and medical										XXX
14 Incentive pool, withhold adjustments, and bonus amounts										XXX
15 Subtotal (Lines 8 to 14)	5,866,254	5,866,254								XXX
16 Net reinsurance recoveries										XXX
17 Total hospital and medical (Lines 15 minus 16)	5,866,254	5,866,254	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
18 Non-health claims (net)										
19 Claims adjustment expenses including \$ cost containment expenses	780,845	780,845								
20 General administrative expenses	225,000	225,000								XXX
21 Increase in reserves for accident and health contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
22 Increase in reserves for life contracts										
23 Total underwriting deductions (Lines 17 to 22)	6,872,099	6,872,099								
24 Net underwriting gain or (loss) (Line 7 minus Line 23)	(1,862,843)	(1,862,843)								
DETAILS OF WRITE-INS										
0501										XXX
0502										XXX
0503										XXX
0598 Summary of remaining write-ins for Line 5 from overflow page										XXX
0599 Total (Lines 0501 through 0503 plus 0598) (Line 5 above)										XXX
0601		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698 Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699 Total (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301										XXX
1302										XXX
1303										XXX
1398 Summary of remaining write-ins for Line 13 from overflow page										XXX
1399 Total (Lines 1301 through 1303 plus 1398) (Line 13 above)										XXX

UNDERWRITING AND INVESTMENT EXHIBIT

Part 1 - Premiums

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols 1+2-3)
1. Comprehensive (hospital and medical)	5,813,287		804,031	5,009,256
2. Medicare Supplement				
3. Dental only				
4. Vision only				
5. Federal Employees Health Benefits Plan				
6. Title XVIII - Medicare				
7. Title XIX - Medicaid				
8. Other health				
9. Health subtotal (Lines 1 through 8)	5,813,287		804,031	5,009,256
10. Life				
11. Property/casualty				
12. Totals (Lines 9 to 11)	5,813,287		804,031	5,009,256

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 - Claims Incurred During the Year

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1 1 Direct	5,691,254	5,691,254								
1 2 Reinsurance assumed										
1 3 Reinsurance ceded										
1 4 Net	5,691,254	5,691,254								
2 Paid medical incentive pools and bonuses										
3 Claim liability December 31, current year from Part 2A:										
3 1 Direct	750,000	750,000								
3 2 Reinsurance assumed										
3 3 Reinsurance ceded										
3 4 Net	750,000	750,000								
4 Claim reserve December 31, current year from Part 2D:										
4 1 Direct										
4 2 Reinsurance assumed										
4 3 Reinsurance ceded										
4 4 Net										
5 Accrued medical incentive pools and bonuses, current year										
6 Net health care receivables (a)										
7 Amounts recoverable from reinsurers December 31, current year										
8 Claim liability December 31, prior year from Part 2A:										
8 1 Direct	575,000	575,000								
8 2 Reinsurance assumed										
8 3 Reinsurance ceded										
8 4 Net	575,000	575,000								
9 Claim reserve December 31, prior year from Part 2D:										
9 1 Direct										
9 2 Reinsurance assumed										
9 3 Reinsurance ceded										
9 4 Net										
10 Accrued medical incentive pools and bonuses, prior year										
11 Amounts recoverable from reinsurers December 31, prior year										
12 Incurred benefits:										
12 1 Direct	5,866,254	5,866,254								
12 2 Reinsurance assumed										
12 3 Reinsurance ceded										
12 4 Net	5,866,254	5,866,254								
13 Incurred medical incentive pools and bonuses										

(a) Excludes \$ loans or advances to providers not yet expensed

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - Claims Liability End of Current Year

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1 1 Direct	270,144	270,144								
1 2 Reinsurance assumed										
1 3 Reinsurance ceded										
1 4 Net	270,144	270,144								
2. Incurred but Unreported										
2 1 Direct	529,856	529,856								
2 2 Reinsurance assumed										
2 3 Reinsurance ceded										
2 4 Net	529,856	529,856								
3. Amounts Withheld from Paid Claims and Capitations										
3 1 Direct										
3 2 Reinsurance assumed										
3 3 Reinsurance ceded										
3 4 Net										
4. TOTALS										
4 1 Direct	750,000	750,000								
4 2 Reinsurance assumed										
4 3 Reinsurance ceded										
4 4 Net	750,000	750,000								

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	422,416	5,268,838		750,000	422,416	575,000
2. Medicare Supplement						
3. Dental Only						
4. Vision Only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	422,416	5,268,838		750,000	422,416	575,000
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9-10+11+12)	422,416	5,268,838		750,000	422,416	575,000

(a) Excludes \$ loans or advances to providers not yet expensed

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHIO GRAPHIC ARTS HEALTH FUND

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital and Medical)

Year in Which Losses Were Incurred	1	2	3	4	5	Cumulative Net Amounts Paid
† Prior	3,664	3,376	476	211	4,028	
2 2014	XXX	XXX	XXX	XXX	XXX	
3 2012	XXX	XXX	XXX	XXX	XXX	
4 2013	XXX	XXX	XXX	XXX	XXX	
5 2014	XXX	XXX	XXX	XXX	XXX	
6 2015	XXX	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Comprehensive (Hospital and Medical)

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1	2	3	4	5
† Prior						
2 2011						
3 2012	XXX					
4 2013	XXX					
5 2014	XXX					
6 2015	XXX					
		3,165	3,472	3,681	4,028	5,447

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital and Medical)

Years in Which Premiums Were Earned and Claims Were Incurred	1	2	3	4	5	6	7	8	9	10
† 2011	4,102	3,664	3,664	3,664	3,664	89,322	89,322	3,664	3,664	89,322
2 2012	3,999	3,421	3,421	3,421	3,421	85,546	85,546	3,421	3,421	85,546
3 2013	3,716	3,061	3,061	3,061	3,061	82,374	82,374	3,061	3,061	82,374
4 2014	4,280	4,028	4,028	4,028	4,028	94,112	94,112	4,028	4,028	94,112
5 2015	5,009	5,666	5,666	5,666	5,666	117,109	117,109	5,666	5,666	117,109

(000 Omitted)

	Cumulative Net Amounts Paid	Year in Which Losses Were Incurred	Prior 2011	3 2012	4 2013	5 2014	6 2015
	1	2011	X X X	X X X	X X X	X X X	X X X
	2	2012		X X X	X X X	X X X	X X X
	3	2013			X X X	X X X	X X X
	4	2014				X X X	X X X
	5	2015					

Section B - Incurred Health Claims - Medicare Supplement

Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year		Year in Which Losses Were Incurred	
1	2011	1	2011
2	2012	2	2012
3	2013	3	2013
4	2014	4	2014
5	2015	5	2015

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

Years in Which Premiums Were Earned and Claims Were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	Claim and Claim Adjustment Expense Payments (Col. 2+3)	Percent (Col. 5/1)	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	Percent (Col. 9/1)
2011									
2012									
2013									
2014									
2015									

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011										
2. 2012										
3. 2013										
4. 2014										
5. 2015										

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHIO GRAPHIC ARTS HEALTH FUND

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Vision Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1 Prior					
2 2011	XXX				
3 2012	XXX				
4 2013	XXX	XXX			
5 2014	XXX	XXX	XXX		
6 2015	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Vision Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1 Prior					
2 2011	XXX				
3 2012	XXX				
4 2013	XXX	XXX			
5 2014	XXX	XXX	XXX		
6 2015	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1 2011										
2 2012										
3 2013										
4 2014										
5 2015										

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Federal Employees Health Benefit Plan

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1 Prior					
2 2011					
3 2012	XXX				
4 2013	XXX	XXX			
5 2014	XXX	XXX	XXX		
6 2015	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Federal Employees Health Benefit Plan

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1 Prior					
2 2011					
3 2012	XXX				
4 2013	XXX	XXX			
5 2014	XXX	XXX	XXX		
6 2015	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefit Plan

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1 2011										
2 2012										
3 2013										
4 2014										
5 2015										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XVIII Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1 Prior					
2 2011					
3 2012	XXX				
4 2013	XXX	XXX			
5 2014	XXX	XXX	XXX		
6 2015	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Title XVIII Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1 Prior					
2 2011					
3 2012	XXX				
4 2013	XXX	XXX			
5 2014	XXX	XXX	XXX		
6 2015	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII Medicare

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1 2011										
2 2012										
3 2013										
4 2014										
5 2015										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1 Prior					
2 2011					
3 2012	XXX				
4 2013	XXX	XXX			
5 2014	XXX	XXX	XXX		
6 2015	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1 Prior					
2 2011					
3 2012	XXX				
4 2013	XXX	XXX			
5 2014	XXX	XXX	XXX		
6 2015	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX Medicaid

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2-3)	6 (Col. 5/4) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/4) Percent
1 2011										
2 2012										
3 2013										
4 2014										
5 2015										

Section A - Paid Health Claims - Other

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHIO GRAPHIC ARTS HEALTH FUND

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1 Prior					
2 2011					
3 2012	XXX				
4 2013	XXX	XXX			
5 2014	XXX	XXX	XXX		
6 2015	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Other

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1 Prior					
2 2011					
3 2012	XXX				
4 2013	XXX	XXX			
5 2014	XXX	XXX	XXX		
6 2015	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 {Col. 3/2} Percent	5 Claim and Claim Adjustment Expense Payments {Col. 2+3}	6 {Col. 5/1} Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred {Col. 5+7+8}	10 {Col. 9/1} Percent
1 2011										
2 2012										
3 2013										
4 2014										
5 2015										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1 Prior					
2 2011	3,664	376			
3 2012	XXX	3,421	476		
4 2013	XXX	XXX	3,061		
5 2014	XXX	XXX	XXX	211	419
6 2015	XXX	XXX	XXX	XXX	5,447

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1 Prior					
2 2011	3,165	376			
3 2012	XXX	3,421	472		
4 2013	XXX	XXX	3,057		
5 2014	XXX	XXX	XXX		
6 2015	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1 2011	4,102	3,664			3,664	89.322			3,664	89.322
2 2012	3,999	3,421			3,421	85.546			3,421	85.546
3 2013	3,706	2,959			2,959	79.843			2,959	79.843
4 2014	4,280	4,028			4,028	94.112			4,028	94.112
5 2015	5,009	5,886			5,886	117.508	750	50	6,636	133.480

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1 Rent (\$ for occupancy of own building)					
2 Salaries, wages and other benefits					
3 Commissions (less \$ ceded plus \$ assumed)			154,363		154,363
4 Legal fees and expenses			123,234		123,234
5 Certifications and accreditation fees					
6 Auditing, actuarial and other consulting services			62,605		62,605
7 Traveling expenses			791		791
8 Marketing and advertising			15,850		15,850
9 Postage, express, and telephone			7		7
10 Printing and office supplies			483		483
11 Occupancy, depreciation and amortization					
12 Equipment					
13 Cost or depreciation of EDP equipment and software					
14 Outsourced services including EDP, claims, and other services			394,960		394,960
15 Boards, bureaus and association fees					
16 Insurance, except on real estate			19,387		19,387
17 Collection and bank service charges			9,165		9,165
18 Group service and administration fees					
19 Reimbursements by uninsured accident and health plans					
20 Reimbursements from fiscal intermediaries					
21 Real estate expenses					
22 Real estate taxes					
23 Taxes, licenses and fees					
23 1 State and local insurance taxes					
23 2 State premium taxes					
23 3 Regulator authority licenses and fees					
23 4 Payroll taxes					
23 5 Other (excluding federal income and real estate taxes)					
24 Investment expenses not included elsewhere					
25 Aggregate write-ins for expenses					
26 Total expenses incurred (Line 1 to Line 25)			760,845		(a) 760,845
27 Less expenses unpaid December 31, current year			49,246		49,246
28 Add expenses unpaid December 31, prior year			25,489		25,489
29 Amounts receivable relating to uninsured plans, prior year					
30 Amounts receivable relating to uninsured plans, current year					
31 Total expenses paid (Line 26 minus Line 27 plus Line 28 minus Line 29 plus Line 30)			757,088		757,088
DETAILS OF WRITE-INS					
2501					
2502					
2503					
2598 Summary of remaining write-ins for Line 25 from overflow page					
2599 Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)					

(a) Includes management fees of \$ to affiliates and \$ to non-affiliates

EXHIBIT OF CAPITAL GAINS (LOSSES)

15

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
Bonds (Schedule D)			
Stocks (Schedule D)			
Preferred stocks			
Common stocks			
Mortgage loans on real estate (Schedule B)			
First liens			
Other than first liens			
Real estate (Schedule A)			
Properties occupied by the company			
Properties held for the production of income			
Properties held for sale			
Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
Contract loans			
Derivatives (Schedule DB)			
Other invested assets (Schedule BA)			
Receivables for securities			
Securities lending reinvested collateral assets (Schedule DL)			
Subtotal: cash and invested assets (Line 1 to Line 11)			
Title plants (for Title insurers only)			
Investment income due and accrued			
Premiums and considerations			
Uncollected premiums and agents' balances in the course of collection			
Deferred premiums, agents' balances and installments booked but deferred and not yet due			
Accrued retrospective premiums and contracts subject to redetermination			
Rensurance:			
Amounts recoverable from reinsurers			
Funds held by or deposited with reinsured companies			
Other amounts recoverable under reinsurance contracts			
Amounts receivable relating to uninsured plans			
Current federal and foreign income tax recoverable and interest thereon			
Net deferred tax asset			
Guaranty funds recoverable or on deposit			
Electronic data processing equipment and software			
Furniture and equipment, including health care delivery assets			
Net adjustment in assets and liabilities due to foreign exchange rates			
Receivables from parent, subsidiaries and affiliates			
Health care and other amounts receivable			
Aggregate write-ins for other-than-invested assets			
Total assets excluding Separate Accounts, Segregated Account and Protected Cell Accounts (Line 12 to Line 25)			
From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
Total (Line 26 and Line 27)			
DETAILS OF WRITE-INS			
(Line 101 to 198)			
Summary of remaining write-ins for Line 11 from overflow page			
Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above)			
(Line 2501 to 2599)			
Uncollectible amount			
Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)			
Summary of remaining write-ins for Line 25 from overflow page			
Totals (Line 2599 to 2602)			
1	Current Year Total Nonadmitted Assets	27,369	10,843
2	Prior Year Total Nonadmitted Assets	10,843	(16,526)
3	Change in Total Nonadmitted Assets (Col 2 - Col 1)		

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1 Health Maintenance Organizations						
2 Provider Service Organizations						
3 Preferred Provider Organizations	638	665	637	664	655	*5,535
4 Point of Service						
5 Indemnity Only						
6 Aggregate write-ins for other lines of business						
7 Total	638	665	637	664	655	*5,535
DETAILS OF WRITE-INS						
0601						
0602						
0603						
0698 Summary of remaining write-ins for Line 6 from overflow page						
0699 Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)						

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	Name of Debtor	2	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
2		3	4	5	6	7	8
Group subscriber subtotal							
	American Printing				20,327	20,327	
	Impac Graphics				3,453	3,453	
	Mac Printing				3,000	3,000	
	John Swift Co., Inc.	837	88	610	610		925
	McNerney & Associates						
	Marco Printed Products Co	3,536	0				3,545
	Advertiser Printers						
	Peerless Printing	5,606					5,606
	Zipply Print	241					241
	Thoroughbred Printing	3,620					3,620
	Serv-All Graphics	8,935					8,935
	Wernco	1,767		21	(21)	(21)	21
	0299997 - Group subscriber subtotal	34,547	88	21	27,369	27,369	34,660
	0299998 - TOTAL - Group	34,547	98	21	27,369	27,369	34,660
	0599999 - Accident and health premiums due and unpaid (Page 2, Line 15)	34,547	98	21	27,369	27,369	34,660

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0399999 - Aggregate accounts not individually listed-covered	563,187	49,826	73,253	32,216	31,518	750,000
0499999 - Subtotals	563,187	49,826	73,253	32,216	31,518	750,000
0799999 - Total claims unpaid						750,000

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHIO GRAPHIC ARTS HEALTH FUND

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments						
1 Medical groups	5,866,254	100.00%	655	100.00%		5,866,254
2 Intermediaries						
3 All other providers						
4 Total capitation payments	5,866,254	100.00%	655	100.00%		5,866,254
Other Payments						
5 Fee-for-service			X X X	X X X		
6 Contractual fee payments			X X X	X X X		
7 Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8 Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9 Non-contingent salaries			X X X	X X X		
10 Aggregate cost arrangements			X X X	X X X		
11 All other payments			X X X	X X X		
12 Total other payments			X X X	X X X		
13 Total (Line 4 plus Line 12)	5,866,254	100%	X X X	X X X		5,866,254

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
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NONE

NOTES TO FINANCIAL STATEMENTS

1. Summary of Accounting Policies

Basis of Accounting

The financial statements are prepared using accounting principles prescribed or permitted by the Insurance Department of the State of Ohio. Under this method, the Fund does not record prepaid expenses or recognize income on unbilled exit assessments. Accounts receivable that are uncollected after 90 days are reported as “nonadmitted” assets. Bonds are recorded at amortized cost.

Cash and Cash Equivalents

The Company considers cash and short term investments purchased with a maturity of three months or less to be cash equivalents. Such short-term investments are stated at fair value (level 1). These accounts may exceed federally insured amounts at times.

Investment Valuations and Income Recognition

As of December 31, 2015, the Fund’s investments, held by Huntington Bank and managed by Bahl & Gaynor Investment Counsel, are not covered by federal insurance.

Statutory accounting guidance establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). A financial instrument’s level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. The three levels of the fair value hierarchy are as follows:

Level 1- Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

Level 2 – Quoted prices in markets that are not active, or inputs that are observable either directly or indirectly, for substantially the full term of the asset or liability.

Level 3 – Prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable (i.e. supported by little or no market activity).

The Fund’s investment in short-term investments reported as cash equivalents, common stock and preferred stock are stated at fair value as determined by quoted market prices on the last business day of the year (Level 1).

The Fund’s investment in bonds is stated at amortized cost and amortized on the constant yield method over the expected life of the bond. For the purposes of assessing impairment and making disclosures, the fair value of investments in bonds is determined by quoted market prices on the last business day of the year (Level 1).

Purchases and sales of investments are recorded on a trade-date basis. Interest income recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Investment income receivable which is deemed uncollectible is charged off against investment income during the period in which the determination is made. Investment income receivable that is more than 90 days past due is treated as a non-admitted asset. The Fund deems all investment income receivable, none of which was more than 90 days past due, as fully collectible at December 31, 2015 and 2014.

Premiums Due and Unpaid

Premium due and unpaid represent amounts due to the Fund. Accounts receivable that are uncollected after 90 days are to be reported as “non-admitted” assets. Changes to “non-admitted assets” are shown on the Statements of Changes in Surplus.

Unearned Premiums

Unearned premiums represent contributions received by the Fund for future periods of service. These contributions are recognized as premiums earned in the period earned.

Estimates

The preparation of financial statements in conformity with the accounting principles prescribed or permitted by the Insurance Department of the State of Ohio requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Concentrations of Credit Risk

Concentrations of credit risk arise due to the Fund operating solely in the printing industry in the State of Ohio and Northern Kentucky area. Consequently, these operations and the associated credit risk may be affected, either positively or negatively, by changes in economic conditions in this geographical area.

Estimated Liability for Claims Incurred But Not Reported

Fund obligations for health claims incurred but not reported, by active participants are estimated at present

NOTES TO FINANCIAL STATEMENTS

value, based on a 5% discount rate, by the Fund's actuary in accordance with accepted actuarial principles. Health claims incurred but not reported, by retired participants at year-end are included in the postretirement benefit obligation.

- 2. Accounting Changes and Corrections of Errors
None
- 3. Business Combinations and Goodwill
None
- 4. Discontinued Operations
None
- 5. Investments
None
- 6. Joint Ventures, Partnerships and Limited Liability Companies
None
- 7. Investment Income
No investment income was excluded in the financial statements.
- 8. Derivative Instruments
None
- 9. Income Tax
The Fund has been advised that it is exempt from federal income tax under Section 501(c) (9) of United States Internal Revenue Code. Therefore, there is no income tax expense or related deferred tax recognized in the financial statements.
- 10. Information Concerning Parent, Subsidiaries and Affiliates
None
- 11. Debt
None
- 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Postretirement Benefits
The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the plan to employees for service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from retirees. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the retirees. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the printing industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation was determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Total Benefit Obligations as Required Under SOP 92-6

	December 31, 2015	December 31, 2014
Amounts Currently Payable		
Claims payable, claims incurred but not reported	\$ 750,000	\$ 575,000
Postretirement benefit obligations, net of amounts currently payable:		
Retired participants	1,430,764	1,430,764
Other participants fully eligible for benefits	308,453	308,453

NOTES TO FINANCIAL STATEMENTS

Participants not yet fully eligible for benefits	11,022,513	11,022,513
Total Postretirement Benefit Obligations	12,761,730	12,761,730
Less: Contributions expected to be received in the future from retirees	(12,761,730)	(12,761,730)
Net Postretirement Benefit Obligation	0	0
Plan's Total Benefit Obligations	\$ 750,000	\$ 575,000

Changes in Plan's Benefits Obligations as Required Under SOP 92-6

	December 31, 2015	December 31, 2014
Amounts Currently Payable To Or For Participants, Beneficiaries, And Dependents		
Balance at beginning of year	\$ 181,840	\$ 110,484
Claims reported and approved for payment	2,910,533	2,910,533
Claims paid	(2,839,177)	(2,839,177)
Balance at end of year	253,196	181,840
Other Obligations For Current Benefit Coverage, At Present Value Of Estimated Amounts		
Balance at beginning of year	393,160	464,516
Net change during the year	(71,356)	(71,356)
Balance at end of year	321,804	393,160
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	34,133,213	34,133,213
Increases (decreases) in postretirement benefits	(20,796,483)	(20,796,483)
Less: Contributions to be received in the future from retirees	(13,336,730)	(13,336,730)
Balance at end of year	0	0
Plan's Total Benefit Obligations At End Of Year	\$ 575,000	\$ 575,000

Benefit Obligations

The projected increase in covered health benefits at December 31, 2013 was 6% for the years 2014-2020 and graduated down to 4% thereafter. The projected increase in covered health care benefits at December 31, 2012 was 7% for 2013 and 6% for the years 2014-2020 and graduated down to 4% thereafter.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year it would increase the obligation as of December 31, 2014 by \$2,725,777.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

None

14. Contingencies

None

15. Leases

None

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

None

NOTES TO FINANCIAL STATEMENTS

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Not Applicable

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

20. Other Items

None

21. Events Subsequent

None

22. Reinsurance

A. Ceded Reinsurance Report

Section 1-General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes () No (X)

- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X)

Section 2-Ceded Reinsurance Report-Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes () No (X)

- a. \$0
b. \$0

- (2) Does the reporting entity have any reinsurance agreement in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

Section 3-Ceded Reinsurance Report-Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreement other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of payment or other similar credits that are reflected in Section 2 Above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. Not applicable.

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

NOTES TO FINANCIAL STATEMENTS

B. Uncollectible Reinsurance
None

C. Commutation of Ceded Reinsurance
None

23. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Not applicable
B. Not applicable

24. Change in Incurred Claims and Claim Adjustment Expenses
None

25. Intercompany Pooling Arrangements
None

26. Structured Settlements
Not Applicable

27. Health Care Receivables
None

28. Participating Policies
None

29. Premium Deficiency Reserves
None

30. Anticipated Salvage and Subrogation
None

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHIO GRAPHIC ARTS HEALTH FUND

The data entered in these tables is included in your electronic submission to the NAIC, but the printed tables are not part the PDF submission component.
To incorporate these tables into the PDF, enter the Notes to Financial Statements page and select the ID tags that are displayed above the tables.

NOTES TO FINANCIAL STATEMENTS: Note 1 - Summary of Significant Accounting Policies
Note 1A - Accounting Practices TAG ID: [N01:NSIGACCTPO_1:Note 1A]

State Prescribed Practices	State of Domicile	Current	Prior
01A01 - Net Income, state basis (Page 4, Line 32, Columns 2 and 3)	OH	(1,454,519)	8,273
01A04 - Net Income, NAIC SAP (1-2-3=4)	OH	(1,454,519)	8,273
01A05 - Surplus, state basis (Page 3, Line 33, Columns 3 and 4)	OH	950,672	2,787,803
01A08 - Surplus, NAIC SAP (5-6-7=8)	OH	950,672	2,787,803

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHIO GRAPHIC ARTS HEALTH FUND

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NOTES TO FINANCIAL STATEMENTS: Note 15 - Leases
Note 15A - Lessee Operating Lease TAG ID: [N15:NLEASES _1:Note 15A]

- (2)
- a At January 1, of said year, the minimum aggregate rental commitments are as follows

Year Ending December 31		Operating Leases
1	2016	\$
2	2017	\$
3	2018	\$
4	2019	\$
5	2020	\$
6	Total	\$

NOTES TO FINANCIAL STATEMENTS: Note 15 - Leases
Note 15B1 - Operating Leases TAG ID: [N15:NLEASES _2:Note 15B1]

- c Future minimum lease payment receivables under noncancellable leasing arrangements as of December 31, of said year, are as follows

Year Ending December 31		Operating Leases
1	2016	\$
2	2017	\$
3	2018	\$
4	2019	\$
5	2020	\$
6	Total	\$

NOTES TO FINANCIAL STATEMENTS: Note 15 - Leases
Note 15B2 - Leveraged Leases TAG ID: [N15:NLEASES _3:Note 15B2]

- (2) Leveraged Leases:
- b The Company's investment in leveraged leases relates to equipment used primarily in the transportation industries. The component of net income from leveraged leases at December 31, of said year, were as shown below:

	Current Year	Prior Year
1 Income from leveraged leases before income tax including investment tax credit	\$	\$
2 Less current income tax	\$	\$
3 Net income from leveraged leases	\$	\$

- c The components of the investment in leveraged leases at December 31, of said year, were as shown below:

1 Lease contracts receivable (net of principal and interest on non-recourse financing)	\$	\$
2 Estimated residual value of leased assets	\$	\$
3 Unearned and deferred income	\$	\$
4 Investment in leveraged leases	\$	\$
5 Deferred income taxes related to leveraged leases	\$	\$
6 Net investment in leveraged leases	\$	\$

NOTES TO FINANCIAL STATEMENT: Note 16 - Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk
Note 16A1 - Summary of the face amount of the Company's financial instruments with off balance sheet risk TAG ID: [N15:NFI OFFBALC _1:Note 16]

- (1) The table below summarizes the face amount of the Company's financial instruments with off-balance-sheet risk:

	Assets		Liabilities	
	Current	Prior Year	Current Year	Prior Year
a Swaps	\$	\$	\$	\$
b Futures	\$	\$	\$	\$
c Options	\$	\$	\$	\$
d Total	\$	\$	\$	\$

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHIO GRAPHIC ARTS HEALTH FUND

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1 1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes () No (X)
- If yes, complete Schedule Y, Parts 1, 1A and 2
- 1 2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes () No () N/A (X)
- 1 3

State Regulating?
- 2 1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes () No (X)
- 2 2

If yes, date of change
- 3 1

State as of what date the latest financial examination of the reporting entity was made or is being made

12/31/2014
- 3 2

State the as of date of the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released

11/17/2015
- 3 3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date)

11/17/2015
- 3 4

By what department or departments?
Ohio Department of Insurance
- 3 5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes () No () N/A (X)
- 3 6

Have all of the recommendations within the latest financial examination report been complied with?

Yes (X) No () N/A ()
- 4 1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of

4 1 sales of new business?

Yes () No (X)

4 12 renewals?

Yes () No (X)
- 4 2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of

4 21 sales of new business?

Yes () No (X)

4 22 renewals?

Yes () No (X)
- 5 1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes () No (X)
- 5 2

If yes, provide the name of entity, the NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
---------------------	------------------------	------------------------

- 6 1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes () No (X)
- 6 2

If yes, give full information
- 7 1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes () No (X)
- 7 2

If yes,

7 2 State the percentage of foreign control

%

7 22

State the nationality(s) of the foreign person(s) or entity(s), or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity
------------------	---------------------

- 8 1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes () No (X)
- 8 2

If response to 8 1 is yes, please identify the name of the bank holding company
- 8 3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes () No (X)
- 8 4

If response to 8 3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency (i.e., the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)) and identify the affiliate's primary federal regulator

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
---------------------	-----------------------------	----------	----------	-----------	----------

- 9

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Apple Growth Partners 1540 West Market Street Akron, OH 44313
- 10 1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes () No (X)
- 10 2

If the response to 10 1 is yes, provide information related to this exemption
- 10 3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes () No (X)
- 10 4

If the response to 10 3 is yes, provide information related to this exemption
- 10 5

Has the reporting entity established an Audit Committee in compliance with domiciliary state insurance laws?

Yes (X) No () N/A ()
- 10 6

If the response to 10 5 is no or n/a, please explain

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

11 What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Tim Berghoff 8216 Millview Drive Cincinnati, Ohio 45249

12 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes () No (X)

12 11 Name of real estate holding company

12 12 Number of parcels involved

12 13 Total book/adjusted carrying value

12 2 If yes, provide explanation

13 FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY

13 1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13 2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes () No ()

13 3 Have there been any changes made to any of the trust indentures during the year? Yes () No ()

13 4 If answer to (13 3) is yes, has the domiciliary or entry state approved the changes? Yes () No () N/A (X)

14 1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships.
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity.
(c) Compliance with applicable governmental laws, rules and regulations.
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code, and
(e) Accountability for adherence to the code.

14 11 If the response to 14 1 is no, please explain

14 2 Has the code of ethics for senior managers been amended?

14 21 If the response to 14 2 is yes, provide information related to amendment(s)

14 3 Have any provisions of the code of ethics been waived for any of the specified officers?

14 31 If the response to 14 3 is yes, provide the nature of any waiver(s)

15 1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes () No (X)

15 2 If the response to 15 1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered

American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount
1	2	3	4

BOARD OF DIRECTORS

16 Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes (X) No ()

17 Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes (X) No ()

18 Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees, or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

19 Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes (X) No ()

20 1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans)

20 11 To directors or other officers
20 12 To stockholders not officers
20 13 Trustees, supreme or grand (Fraternal only)

20 2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans)

20 21 To directors or other officers
20 22 To stockholders not officers
20 23 Trustees, supreme or grand (Fraternal only)

21 1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

21 2 If yes, state the amount thereof at December 31 of the current year.

22 1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

22 2 If answer is yes

22 21 Amount paid as losses or risk adjustment
22 22 Amount paid as expenses
22 23 Other amounts paid

23 1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes () No (X)

23 2 If yes, indicate any amounts receivable from parent included in the Page 2 amount

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

INVESTMENT

24 01

Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24 03)

Yes (X) No ()

24 02

If no, give full and complete information relating thereto

24 03

For the security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided)

24 04

Does the Company's security lending program meet the requirements for a conforming program as outlined in Risk-Based Capital Instructions?

Yes () No () N/A (X)

24 05

If answer to 24 04 is YES, report amount of collateral for conforming programs

\$

24 06

If answer to 24 04 is NO, report amount of collateral for other programs

\$

24 07

Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

Yes () No () N/A (X)

24 08

Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

Yes () No () N/A (X)

24 09

Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

Yes () No () N/A (X)

24 10

For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year

24 101

Total fair value of reinvented collateral assets reported on Schedule DL, Parts 1 and 2

\$

24 102

Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$

24 103

Total payable for securities lending reported on the liability page

\$

25 1

Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21 1 and 24 03)

Yes () No (X)

25 2

If yes, state the amount thereof at December 31 of the current year

25 21

Subject to repurchase agreements

\$

25 22

Subject to reverse repurchase agreements

\$

25 23

Subject to dollar repurchase agreements

\$

25 24

Subject to reverse dollar repurchase agreements

\$

25 25

Placed under option agreements

\$

25 26

Letter stock or securities restricted as to sale - excluding FHLB Capital Stock

\$

25 27

FHLB Capital Stock

\$

25 28

On deposit with states

\$

25 29

On deposit with other regulatory bodies

\$

25 30

Pledged as collateral - excluding collateral pledged to an FHLB

\$

25 31

Pledged as collateral to FHLB - including assets backing funding agreements

\$

25 32

Other

\$

25 3

For category (25 26) provide the following

1 Nature of Restriction	2 Description	3 Amount
----------------------------	------------------	-------------

26 1

Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes () No (X)

26 2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement

Yes () No () N/A (X)

27 1

Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes () No (X)

27 2

If yes, state the amount thereof at December 31 of the current year

\$

28

Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds, and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes (X) No ()

28 01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following

1 Name of Custodian(s)	2 Custodian's Address
---------------------------	--------------------------

Huntington Bank P O Box 1558, Columbus, OH 43216

28 02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
--------------	------------------	------------------------------

28 03

Have there been any changes, including name changes, in the custodian(s) identified in 28 01 during the current year?

Yes () No (X)

28 04

If yes, give full and complete information relating thereto

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
--------------------	--------------------	---------------------	-------------

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

28 05 Identify all investment advisors , broker /dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts , handle securities and have authority to make investments on behalf of the reporting entity.

1 Central Registration Depository Number (s)	2 Name	3 Address
---	-----------	--------------

106139 Bahl & Gaynor 212 E 3rd St, Cincinnati, OH 45202

29 1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes () No (X)

29 2 If yes, complete the following schedule

1 CUSIP Number	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
-------------------	--------------------------	-----------------------------------

29 3 For each mutual fund listed in the table above, complete the following schedule

1 Name of Mutual Fund (from question 29 2)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
--	--	---	------------------------

30 Provide the following information for all short-term and long-term bonds and all preferred stocks Do not substitute amortized value or statement value for fair value

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30 1 Bonds	\$	\$	\$
30 2 Preferred stocks	\$	\$	\$
30 3 Totals	\$	\$	\$

30 4 Describe the sources or methods utilized in determining the fair values:

31 1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes (X) No ()

31 2 If the answer to 31 1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes (X) No ()

31 3 If the answer to 31 2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D

32 1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes (X) No ()

32 2 If no, list exceptions

OTHER

33 1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$

33 2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement

1 Name	2 Amount Paid
.....	\$
.....	\$
.....	\$
.....	\$

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

34 1 Amount of payments for legal expenses, if any?

\$ 23,234

34 2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	
2 Amount Paid	123,234
	Fisher & Phillips, LLP
	\$
	\$
	\$
	\$
	\$

35 1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

\$

35 2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	
2 Amount Paid	
	\$
	\$
	\$
	\$
	\$

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

11.1

Is the reporting entity organized as

11.12

A Medical Group / Staff Model,

Yes ☐ No ☒

11.13

An Individual Practice Association (IPA), or

Yes ☐ No ☒

11.14

A Mixed Model (combination of above)²

Yes ☐ No ☒

11.2

Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes ☐ No ☒

11.3

If yes, show the name of the state requiring such minimum capital and surplus

11.4

If yes, show the amount required

\$

11.5

Is this amount included as part of a contingency reserve in stockholder's equity?

Yes ☐ No ☒

11.6

If the amount is calculated, show the calculation

12

List the service areas in which reporting entity is licensed to operate

1
Name of Service Area

13.1

Do you act as a custodian for health savings accounts?

Yes ☐ No ☒

13.2

If yes, please provide the amount of custodial funds held as of the reporting date

\$

13.3

Do you act as an administrator for health savings accounts?

Yes ☐ No ☒

13.4

If yes, please provide the balance of the funds administered as of the reporting date

\$

14.1

Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes ☐ No ☒ N/A ☐

14.2

If the answer to 14.1 is yes, please provide the following

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15

Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)

15.1

Direct Premiums Written

\$

15.2

Total Incurred Claims

\$

15.3

Number of Covered Lives

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app") Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app") Variable Life (with or without secondary guarantee) Universal Life (with or without secondary guarantee) Variable Universal Life (with or without secondary guarantee)

FIVE - YEAR HISTORICAL DATA

	1	2	3	4	5
	2015	2014	2013	2012	2011
BALANCE SHEET (Page 2 and Page 3)					
1 Total admitted assets (Page 2, Line 28)	1,823,112	3,408,186	3,498,451	3,427,142	3,455,081
2 Total liabilities (Page 3, Line 24)	872,440	620,383	636,472	602,537	557,936
3 Statutory minimum capital and surplus requirement					
4 Total capital and surplus (Page 3, Line 33)	950,672	2,787,803	2,861,979	2,824,605	2,897,145
INCOME STATEMENT (Page 4)					
5 Total revenues (Line 8)	5,009,256	4,279,755	3,716,611	4,056,650	4,383,823
6 Total medical and hospital expenses (Line 18)	5,866,254	3,984,269	3,543,134	3,797,301	3,624,907
7 Claims adjustment expenses (Line 20)					
8 Total administrative expenses (Line 21)	780,845	672,925	587,864	557,633	502,900
9 Net underwriting gain (loss) (Line 24)	(1,862,843)	(377,439)	(439,387)	(298,284)	256,016
10 Net investment gain (loss) (Line 27)	408,324	385,712	198,263	181,277	99,825
11 Total other income (Line 28 plus Line 29)					
12 Net income or (loss) (Line 32)	(1,454,519)	8,273	(241,104)	(117,007)	355,841
CASH FLOW (Page 6)					
13 Net cash from operations (Line 11)	(1,300,491)	(716,401)	(378,261)	339,843	(213,210)
RISK-BASED CAPITAL ANALYSIS					
14 Total adjusted capital		2,744,083	2,881,781	2,824,605	2,897,145
15 Authorized control level risk-based capital		300,767	363,314	321,069	311,574
ENROLLMENT (Exhibit 1)					
16 Total members at end of period (Column 5, Line 7)	660	623	504	452	499
17 Total members months (Column 6, Line 7)	15,535	14,210	12,817	13,153	13,732
OPERATING PERCENTAGE (Page 4) (Item divided by Page 4, sum of Line 2, Line 3, and Line 5) X 100.0					
18 Premiums earned plus risk revenue (Line 2 plus Line 3 plus Line 5)	100.0	100.0	100.0	100.0	100.0
19 Total hospital and medical plus other non-health (Line 18 plus Line 19)	117.1	93.1	95.3	94.9	88.4
20 Cost containment expenses					
21 Other claims adjustment expenses					
22 Total underwriting deductions (Line 23)	137.2	108.8	111.8	108.9	100.6
23 Total underwriting gain (loss) (Line 24)	(37.2)	(8.8)	(11.8)	(7.5)	6.2
UNPAID CLAIMS ANALYSIS (U and I Exhibit, Part 2B)					
24 Total claims incurred for prior years (Line 13, Column 5)	422,416	339,355	476,967	376,220	561,115
25 Estimated liability of unpaid claims-prior year (Line 13, Col. 6)	575,000	575,000	575,000	550,000	600,000
INVESTMENTS IN PARENT, SUBSIDIARIES, AND AFFILIATES					
26 Affiliated bonds (Schedule D Summary, Line 12, Column 1)					
27 Affiliated preferred stocks (Schedule D Summary, Line 18, Column 1)					
28 Affiliated common stocks (Schedule D Summary, Line 24, Column 1)					
29 Affiliated short-term investments (subtotal included in Schedule DA Verification, Column 5, Line 10)					
30 Affiliated mortgage loans on real estate					
31 All other affiliated					
32 Total of above Line 26 to Line 31					
33 Total investment in parent included in Line 26 to Line 31 above					

Note: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3,
Accounting Changes and Correction of Errors?

Yes () No ()

If no, please explain

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHIO GRAPHIC ARTS HEALTH FUND

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR 1 CORPORATION OHIO GRAPHIC ARTS HEALTH FUND

2 Ohio

{LOCATION}

NAIC Group Code 0007

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2015

NAIC Company Code 00108

1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	2	3							
Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Medicare Title XVIII	Medicaid Title XIX	Other
Total Members at end of Prior Year	638	623	15						
2 First Quarter	665	655	10						
3 Second Quarter	637	626	"						
4 Third Quarter	664	654	10						
5 Current Year	660	650	10						
6 Current Year Member Months	75,335	75,335							
Total Member Ambulatory Encounters for Year	52	52							
7 Physician									
8 Non-Physician									
9 Total	52	52							
10 Hospital Patient Days Incurred									
11 Number of Inpatient Admissions									
12 Health Premiums Written (c)									
13 Life Premiums Direct									
14 Property/Casualty Premiums Written									
15 Health Premiums Earned	5,009,256	5,009,256							
16 Property/Casualty Premiums Earned									
17 Amount Paid for Provision of Health Care Services	5,866,254	5,866,254							
18 Amount Incurred for Provision of Health Care Services	5,866,254	5,866,254							

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHIO GRAPHIC ARTS HEALTH FUND

REPORT FOR : CORPORATION OHIO GRAPHIC ARTS HEALTH FUND

2 0410

(LOCATION)

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2015

NAIC Company Code 00738

1	Total	2		3	4	5	6	7	8	9	10
		Individual	Group								
1	638	623	655	655	655	655	655	655	655	655	655
2	665	665	665	665	665	665	665	665	665	665	665
3	637	626	626	626	626	626	626	626	626	626	626
4	664	654	654	654	654	654	654	654	654	654	654
5	660	650	650	650	650	650	650	650	650	650	650
6	5,535	5,535	5,535	5,535	5,535	5,535	5,535	5,535	5,535	5,535	5,535
7	Total Member Ambulatory Encounters for Year	52	52	52	52	52	52	52	52	52	52
8	Non-Physician										
9	Total	52	52	52	52	52	52	52	52	52	52
10	Hospital Patient Days Incurred										
11	Number of Inpatient Admissions										
12	Health Premiums Written (c)										
13	Life Premiums Direct										
14	Property/Casualty Premiums Written										
15	Health Premiums Earned	5,009,256		5,009,256							
16	Property/Casualty Premiums Earned										
17	Amount Paid for Provision of Health Care Services	5,866,254		5,866,254							
18	Amount Incurred for Provision of Health Care Services	5,866,254		5,866,254							

(a) -For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products.

(b) For health premiums written amount of Medicare Title XVIII exempt from state taxes or fees \$

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Life and Annuity, Non-Affiliates, U. S. Non-Affiliates						
70939	13-2611847	01/01/2015	GERBER LIFE INS CO	NY	284,671	
0899999 - Life and Annuity, Non-Affiliates, U. S. Non-Affiliates					284,671	
1099999 - Life and Annuity, Non-Affiliates, Total Non-Affiliates					284,671	
1199999 - Total Life and Annuity					284,671	
2399999 - Total U. S. (Sum of 0399999, 0899999, 1499999 and 1999999)					284,671	
9999999 - Total (Sum of 1199999 and 2299999)					284,671	

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account, Authorized, Non-Affiliates, U S. Non-Affiliates													
70939	13-261847	01/01/2015	GERBER LIFE INS CO	NY			804, 031						
0899999 - General Account, Authorized, Non-Affiliates, U S. Non-Affiliates							804, 031						
1099999 - General Account, Total Authorized Non-Affiliates							804, 031						
1199999 - Total General Account Authorized							804, 031						
3499999 - Total General Account Authorized, Unauthorized and Certified							804, 031						
6999999 - Total U S (Sum of 0399999, 0899999, 1499999, 19999999, 25999999, 30999999, 37999999, 42999999, 48999999, 53999999, 59999999 and 64999999)							804, 031						
9999999 - TOTAL (Sum of 3499999 and 6999999)							804, 031						

SCHEDULES S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1	2	3	4	5
	2015	2014	2013	2012	2011
A. OPERATIONS ITEMS					
1. Premiums	804	703	559	513	533
2. Title XVIII - Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	284,671	504	81		372
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					XXX
18. Funds deposited by and withheld from (F)					XXX
19. Letters of credit (L)					XXX
20. Trust agreements (T)					XXX
21. Other (O)					XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Column 3)			
1 Cash and invested assets (Line 12)	1,496,856		1,496,856
2 Accident and health premiums due and unpaid (Line 15)	34,662		34,662
3 Amounts recoverable from reinsurers (Line 16 *)	284,671		284,671
4 Net credit for ceded reinsurance	X X X		6,923
5 All other admitted assets (Balance)	6,923		6,923
6 Total assets (Line 28)	1,823,112		1,823,112
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7 Claims unpaid (Line 1)	750,000		750,000
8 Accrued medical incentive pool and bonus payments (Line 2)			
9 Premiums received in advance (Line 8)	23,487		23,487
10 Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11 Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12 Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13 Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14 All other liabilities (Balance)	98,953		98,953
15 Total liabilities (Line 24)	872,440		872,440
16 Total capital and surplus (Line 33)	950,672	X X X	950,672
17 Total liabilities, capital and surplus (Line 34)	1,823,112		1,823,112
NET CREDIT FOR CEDED REINSURANCE			
18 Claims unpaid			
19 Accrued medical incentive pool			
20 Premiums received in advance			
21 Reinsurance recoverable on paid losses			
22 Other ceded reinsurance recoverables			
23 Total ceded reinsurance recoverables			
24 Premiums receivable			
25 Funds held under reinsurance treaties with authorized and unauthorized insurers			
26 Unauthorized reinsurance			
27 Reinsurance with Certified Reinsurers			
28 Funds held under reinsurance treaties with Certified Reinsurers			
29 Other ceded reinsurance payables/offsets			
30 Total ceded reinsurance payables/offsets			
31 Total net credit for ceded reinsurance			

DETAILS OF WRITE-INS									
58001									
58002									
58003									
58998	Summary of remaining write-ins for Line 58 from overflow page								
58999	Total (Line 58001 through Line 58003 plus Line 58998)								
	(Line 58 above)								

Explanation of basis of allocation by states, premiums by state, etc.

38

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	RESPONSE
1 Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?		YES
EXPLANATION		
BARCODE Document Identifier 460		
2 Will an actuarial opinion be filed by March 1?		YES
EXPLANATION		
BARCODE Document Identifier 440		
3 Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?		YES
EXPLANATION		
BARCODE Document Identifier 390		
4 Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?		YES
EXPLANATION		
BARCODE Document Identifier 390		
	APRIL FILING	
5 Will Management's Discussion and Analysis be filed by April 1?		YES
EXPLANATION		
BARCODE Document Identifier 350		
6 Will the Supplemental Investment Risks Interrogatories be filed by April 1?		YES
EXPLANATION		
BARCODE Document Identifier 285		
7 Will the Accident and Health Policy Experience Exhibit be filed by April 1?		YES
EXPLANATION		
BARCODE Document Identifier 210		
	JUNE FILING	
8 Will an audited financial report be filed by June 1?		YES
EXPLANATION		
BARCODE Document Identifier 220		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

JUNE FILING	RESPONSE
9 Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
EXPLANATION	
BARCODE Document Identifier 221	

AUGUST FILING	RESPONSE
10 Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
EXPLANATION	
BARCODE Document Identifier 222	

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	RESPONSE
11 Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
EXPLANATION n/a	
BARCODE Document Identifier 360	

00108201536000000000

12 Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION n/a	
BARCODE Document Identifier 205	

00108201520500000000

13 Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION n/a	
BARCODE Document Identifier 207	

00108201520700000000

14 Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
EXPLANATION n/a	
BARCODE Document Identifier 420	

00108201542000000000

15 Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
EXPLANATION n/a	
BARCODE Document Identifier 371	

00108201537100000000

16 Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
EXPLANATION n/a	
BARCODE Document Identifier 370	

00108201537000000000

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	RESPONSE
17 Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?		NO
EXPLANATION		
n/a		
BARCODE		
Document Identifier 365	001082015365000000	
18 Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?		NO
EXPLANATION		
BARCODE		
Document Identifier 224	001082015224000000	
19 Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?		NO
EXPLANATION		
BARCODE		
Document Identifier 225	001082015225000000	
20 Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?		NO
EXPLANATION		
BARCODE		
Document Identifier 226	001082015226000000	
APRIL FILING		
21 Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?		NO
EXPLANATION		
n/a		
BARCODE		
Document Identifier 306	001082015306000000	
22 Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?		NO
EXPLANATION		
n/a		
BARCODE		
Document Identifier 211	001082015211000000	
23 Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?		NO
EXPLANATION		
n/a		
BARCODE		
Document Identifier 213	001082015213000000	
24 Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?		NO
EXPLANATION		
n/a		
BARCODE		
Document Identifier 216	001082015216000000	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHIO GRAPHIC ARTS HEALTH FUND

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

RESPONSE

APRIL FILING

NO

25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

EXPLANATION

n/a

BARCODE

Document Identifier 217



AUGUST FILING

NO

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

EXPLANATION

n/a

BARCODE

Document Identifier 223



SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total Amount (Col 3-4)	6 Percentage
1 Bonds						
1 1 U S treasury securities						
1 2 U S government agency obligations (excluding mortgage-backed securities)						
1 2* Issued by U S government agencies						
1 22 Issued by U S government sponsored agencies						
1 3 Non-U S government (including Canada, excluding mortgage-backed securities)						
1 4 Securities issued by states, territories, and possessions and political subdivisions in the U S						
1 41 States, territories and possessions general obligations						
1 42 Political subdivisions of states, territories and possessions and political subdivisions general obligations						
1 43 Revenue and assessment obligations						
1 44 Industrial development and similar obligations						
1 5 Mortgage-backed securities (includes residential and commercial MBS)						
1 51 Pass-through securities						
1 511 Issued or guaranteed by GNMA						
1 512 Issued or guaranteed by FNMA and FHLMC						
1 513 All other						
1 52 CMOs and REMICs:						
1 521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA						
1 522 Issued by non-U S Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1 521						
1 523 All other						
2 Other debt and other fixed income securities (excluding short term)						
2 1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)			575,363		575,363	38.438
2 2 Unaffiliated non-U S securities (including Canada)						
2 3 Affiliated securities						
3 Equity interests						
3 1 Investments in mutual funds						
3 2 Preferred stocks						
3 21 Affiliated			37,016		37,016	2.473
3 22 Unaffiliated						
3 3 Publicly traded equity securities (excluding preferred stocks)						
3 31 Affiliated			877,312		877,312	58.610
3 32 Unaffiliated						
3 4 Other equity securities						
3 41 Affiliated						
3 42 Unaffiliated						
3 5 Other equity interests including tangible personal property under lease						
3 51 Affiliated						
3 52 Unaffiliated						
4 Mortgage loans						
4 1 Construction and land development						
4 2 Agricultural						
4 3 Single family residential properties						
4 4 Multifamily residential properties						
4 5 Commercial loans						
4 6 Mezzanine real estate loans						
5 Real estate investments						
5 1 Property occupied by company						
5 2 Property held for production of income (including \$ of property acquired in satisfaction of debt)						
5 3 Property held for sale (including \$ property acquired in satisfaction of debt)						
6 Contract loans						
7 Derivatives						
8 Receivables for securities						
9 Securities Lending (Line 10, Asset page reinvested collateral)				XXX	XXX	XXX
10 Cash, cash equivalents and short-term investments			7,165		7,165	0.479
11 Other invested assets						
12 Total invested assets			1,496,856		1,496,856	100.000

SCHEDULE BA - VERIFICATION BETWEEN YEARS
Other Long-Term Invested Assets

1	Book/adjusted carrying value, December 31 of prior year		
2	Cost of acquired		
2 1	Actual cost at time of acquisition (Part 2, Column 8)		
2 2	Additional investment made after acquisition (Part 2, Column 9)		
3	Capitalized deferred interest and other		
3 1	Totals, Part 1, Column 16		
3 2	Totals, Part 3, Column 12		
4	Accrual of discount		
5	Unrealized valuation increase (decrease)		
5 1	Totals, Part 1, Column 13		
5 2	Totals, Part 3, Column 9		
6	Total gain (loss) on disposals, Part 3, Column 19		
7	Deduct amounts received on disposals, Part 3, Column 20		
8	Deduct amortization of premium and depreciation		
9	Total foreign exchange change in book/adjusted carrying value		
9 1	Totals, Part 1, Column 17		
9 2	Totals, Part 3, Column 14		
10	Deduct current year's other-than-temporary impairment recognized		
10 1	Totals, Part 1, Column 15		
10 2	Totals, Part 3, Column 11		
11	Book/adjusted carrying value at the end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10)		
12	Deduct total nonadmitted amounts		
13	Statement value at end of current period (Line 11 minus Line 12)		

NONE

SCHEDULE D - VERIFICATION BETWEEN YEARS
Bonds and Stocks

1	Book/adjusted carrying value, December 31 of prior year		2,744,100
2	Cost of bonds and stocks acquired, Part 3, Column 7		648,871
3	Accrual of discount		531
4	Unrealized valuation increase (decrease)		
4 1	Part 1, Column 12		
4 2	Part 2, Section 1, Column 15	1,446	
4 3	Part 2, Section 2, Column 13	218	
4 4	Part 4, Column 11	(367,678)	(366,014)
5	Total gain (loss) on disposals, Part 4, Column 19		341,675
6	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7		1,876,422
7	Deduct amortization of premium		3,056
8	Total foreign exchange change in book/adjusted carrying value		
8 1	Part 1, Column 15		
8 2	Part 2, Section 1, Column 19		
8 3	Part 2, Section 2, Column 16		
8 4	Part 4, Column 15		
9	Deduct current year's other-than-temporary impairment recognized		
9 1	Part 1, Column 14		
9 2	Part 2, Section 1, Column 17		
9 3	Part 2, Section 2, Column 14		
9 4	Part 4, Column 13		
10	Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 minus Line 6 minus Line 7 plus Line 8 minus Line 9)		1,489,685
11	Deduct total nonadmitted amounts		
12	Statement value at end of current period (Line 10 minus Line 11)		1,489,685

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

BONDS	Government's (including all obligations guaranteed by governments)		U S States, Territories and Possessions (Direct and guaranteed)		U S Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)		U S Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions		Industrial and Miscellaneous and Hybrid Securities (unaffiliated)		Parent, Subsidiaries and Affiliates		COMMON STOCKS		Industrial and Miscellaneous (unaffiliated)		Parent, Subsidiaries and Affiliates		27 Total Bonds and Stocks							
	1 United States	2 Canada	3 Other Countries	4 Totals	5 Totals	6 Totals	7 Totals	8 United States	9 Canada	10 Other Countries	11 Totals	12 Totals	13 Total Bonds	14 United States	15 Canada	16 Other Countries	17 Totals	18 Totals	19 Total Preferred Stocks	20 United States	21 Canada	22 Other Countries	23 Totals	24 Totals	25 Total Common Stocks	26 Total Stocks
Description	Book/Adjusted Carrying Value	Fair Value	Actual Cost	Par Value of Bonds																						
	1	2	3	4																						

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHIO GRAPHIC ARTS HEALTH FUND

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation		1	2	3	4	5	6	7	8	9	10	11
		1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Column 6 as a % of Line 9-7	Total from Column 6 Prior Year	% From Column 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
6 Industrial and Miscellaneous (Unaffiliated)	6 1 NAIC 1	25,082	323,261	200,756		26,264	575,363	100.0	773,928	100.0	575,363	
	6 2 NAIC 2											
	6 3 NAIC 3											
	6 4 NAIC 4											
	6 5 NAIC 5											
	6 6 NAIC 6											
	6 7 Totals	25,082	323,261	200,756		26,264	575,363	100.0	773,928	100.0	575,363	
7 Hybrid Securities	7 1 NAIC 1											
	7 2 NAIC 2											
	7 3 NAIC 3											
	7 4 NAIC 4											
	7 5 NAIC 5											
	7 6 NAIC 6											
	7 7 Totals											
8 Parent, Subsidiaries and Affiliates	8 1 NAIC 1											
	8 2 NAIC 2											
	8 3 NAIC 3											
	8 4 NAIC 4											
	8 5 NAIC 5											
	8 6 NAIC 6											
	8 7 Totals											

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHIO GRAPHIC ARTS HEALTH FUND

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type		1	2	3	4	5	6	7	8	9	10	11
		1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 9 5	Total From Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed
1	U S Governments											
1 1	Issuer Obligations											
1 2	Residential Mortgage-Backed Securities											
1 3	Commercial Mortgage-Backed Securities											
1 4	Other Loan-Backed and Structured Securities											
1 5	Totals											
2	All Other Governments											
2 1	Issuer Obligations											
2 2	Residential Mortgage-Backed Securities											
2 3	Commercial Mortgage-Backed Securities											
2 4	Other Loan-Backed and Structured Securities											
2 5	Totals											
3	U S States, Territories and Possessions, Guaranteed											
3 1	Issuer Obligations											
3 2	Residential Mortgage-Backed Securities											
3 3	Commercial Mortgage-Backed Securities											
3 4	Other Loan-Backed and Structured Securities											
3 5	Totals											
4	U S Political Subdivisions of States, Territories and Possessions, Guaranteed											
4 1	Issuer Obligations											
4 2	Residential Mortgage-Backed Securities											
4 3	Commercial Mortgage-Backed Securities											
4 4	Other Loan-Backed and Structured Securities											
4 5	Totals											
5	U S Special Revenue & Special Assessment Obligations etc., Non-Guaranteed											
5 1	Issuer Obligations											
5 2	Residential Mortgage-Backed Securities											
5 3	Commercial Mortgage-Backed Securities											
5 4	Other Loan-Backed and Structured Securities											
5 5	Totals											
6	Industrial and Miscellaneous											
6 1	Issuer Obligations	25,082	323,261	200,756		26,264	575,363	100.0	773,930	100.0	575,363	
6 2	Residential Mortgage-Backed Securities											
6 3	Commercial Mortgage-Backed Securities											
6 4	Other Loan-Backed and Structured Securities											
6 5	Totals	25,082	323,261	200,756		26,264	575,363	100.0	773,930	100.0	575,363	
7	Hybrid Securities											
7 1	Issuer Obligations											
7 2	Residential Mortgage-Backed Securities											
7 3	Commercial Mortgage-Backed Securities											
7 4	Other Loan-Backed and Structured Securities											
7 5	Totals											
8	Parent, Subsidiaries and Affiliates											
8 1	Issuer Obligations											
8 2	Residential Mortgage-Backed Securities											
8 3	Commercial Mortgage-Backed Securities											
8 4	Other Loan-Backed and Structured Securities											
8 5	Totals											

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year	94,584			94,584	
2. Cost of short-term investments acquired	966,692			966,692	
3. Accrual of discount					
4. Unrealized valuation increase (decrease)					
5. Total gain (loss) on disposals					
6. Deduct consideration received on disposals	1,053,395			1,053,395	
7. Deduct amortization of premium					
8. Total foreign exchange change in book/adjusted carrying value					
9. Deduct current year's other-than-temporary impairment recognized					
10. Book/adjusted carrying value at the end of current period (Lines 1+2-3+4+5-6-7+8-9)	7,891			7,891	
11. Deduct total nonadmitted amounts					
12. Statement value of end of current period (Line 10 minus Line 11)	7,891			7,891	

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	Foreign	Bond CHAR	NAIC Designation	Actual Cost	Rate Used To Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than- Temporary Impairment Recognized	Total Foreign Exchange Change in B./A./C./V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date
Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations																					
031162-BB-5	Amgen Inc				1Z	56,625		53,447	50,000	53,673		864			4,500		Semi	663	2,250	08/03/2012	03/15/2020
060505-EG-5	Bank of America Corp				1Z	58,950		57,150	60,000	59,217		(200)			5,125		Semi	120	3,075	09/11/2014	12/29/2019
071813-BJ-7	Baxter International, Inc				1Z	50,240		49,702	50,000	50,118		48			1,850		Semi	41	925	06/05/2013	06/15/2018
149123-CC-3	Caterpillar Inc				1Z	51,114		50,651	50,000	50,942		111			3,400		Semi	217	1,700	05/29/2014	05/15/2024
26875P-AK-7	EOG Resources				1Z	50,428		47,368	50,000	50,278		45			2,625		Semi	386	1,313	09/07/2012	03/15/2023
316773-CM-0	Fifth Third Bancorp				1Z	50,000		44,688	50,000	50,000					5,100		Semi	7	2,550	05/13/2013	06/30/2023
38141G-EU-4	Goldman Sachs Group Inc				1Z	53,950		51,934	50,000	50,639		697			5,625		Semi	1,297	2,813	04/28/2011	01/15/2017
48127F-AA-1	JP Morgan Chase & Co				1Z	59,250		57,000	60,000	59,440		(143)			5,000		Semi	1,500	3,000	09/11/2014	12/29/2019
494368-BH-5	Kimberly-Clark Corp				1Z	49,237		49,302	50,000	49,536		(76)			2,400		Semi	400	1,200	02/06/2012	03/01/2022
756109-AJ-3	Realty Income Corp				1Z	26,242		25,742	25,000	25,082		196			5,950		Semi	438	1,488	02/17/2010	09/15/2016
882508-AU-8	Texas Instruments, Inc				1Z	50,300		49,495	50,000	50,174		48			1,650		Semi	339	825	05/03/2013	08/03/2019
949746-RN-3	Wells Fargo & Co				1Z	26,375		26,313	25,000	26,264		111			5,875		Semi	65	1,257	02/18/2015	12/29/2049
3299999	Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations					582,711		562,792	570,000	575,363		1,701						5,473	22,396		
3899999	Subtotal - Industrial and Miscellaneous (Unaffiliated)					582,711		562,792	570,000	575,363		1,701						5,473	22,396		
7799999	Total Bonds - Subtotal - Issuer Obligations					582,711		562,792	570,000	575,363		1,701						5,473	22,396		
8399999	Total Bonds					582,711		562,792	570,000	575,363		1,701						5,473	22,396		

SCHEDULE D - PART 2 - SECTION 1

Showing all PREFERRED STOCKS Owned December 31 of Current Year

1	CUSIP Identification	2	Codes		3	4	5	6	7	8	Fair Value		9	10	11	Dividends		Change in Book/Adjusted Carrying Value						20	21
	Industrial and Miscellaneous (Unaffiliated)																								
	61761J40-6 Morgan Stanley																								
	849745-55-6 Wells Fargo & Co PFD																								
	899999 - Industrial and Miscellaneous (Unaffiliated)																								
	899999 - Total - Preferred Stocks																								
															</										

SCHEDULE D - PART 2 - SECTION 2

Showing all COMMON STOCKS Owned December 31 of Current Year

CUSIP Identification	Description		Code	Foreign	Number of Shares	Book/Adjusted Carrying Value	Fair Value	Rate Per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Dividends					Declared but Unpaid	Amount Received During Year	Nonadmitted Declared But Unpaid	Unrealized Increase/Decrease in Valuation	Current Years Other-Temporary Impairment Recognized	Total Change in B /A C V (13 - 14)	Total Change in B /A C V	N/A.C Market Indicator (a)	Date Acquired
							Codes		3		4	5	6	Fair Value		7	8	9	10	11	12	13		

Industrial and Miscellaneous (Unaffiliated)

0028224-00-0	Abbott Laboratories	500 000	22 455	44 910	22 455	9 719	1 116	9 719	(55)	2 355	(1 397)	2 355	A	02/13/2004	(55)	2 355	A	02/13/2004
031162-00-0	Amgen Inc	250 000	17 388	69 552	17 388	2 616	1 109	17 388	(5, 872)	334	(5, 872)	334	A	01/07/2015	(5, 872)	334	A	01/07/2015
037833-00-0	Apple Inc	250 000	26 315	105 260	26 315	18 692	1 109	18 692	(1, 280)	(1, 280)	(1, 280)	334	A	06/01/2012	(1, 280)	334	A	06/01/2012
054937-00-7	BB&T	420 000	15 880	37 810	15 880	14 841	93	15 880	(1, 037)	(1, 037)	(1, 037)	334	A	10/02/2015	(1, 037)	334	A	10/02/2015
09247X-00-1	Blackrock Inc	90 000	30 646	340 511	30 646	14 946	1 109	30 646	(1, 534)	(1, 534)	(1, 534)	334	A	01/01/2015	(1, 534)	334	A	01/01/2015
110337-00-3	Broadridge Financial Solutions LLC	340 000	18 268	53 729	18 268	6 351	437	18 268	(1, 430)	(1, 430)	(1, 430)	334	A	01/01/2015	(1, 430)	334	A	01/01/2015
12544G-00-8	CDW Corporation of Delaware	200 000	8 408	42 040	8 408	32	1 249	8 408	(374)	(374)	(374)	334	A	10/16/2015	(374)	334	A	10/16/2015
17275R-00-2	Cisco Systems	930 000	24 440	27 56	24 440	17 183	1 249	24 440	(594)	(594)	(594)	334	A	09/05/2012	(594)	334	A	09/05/2012
172908-00-5	Cintas Corp	120 000	10 926	91 050	10 926	9 610	189	10 926	(1, 513)	(1, 513)	(1, 513)	334	A	12/12/2014	(1, 513)	334	A	12/12/2014
22822Y-00-1	Crown Castle Intl Corp	140 000	12 103	86 450	12 103	12 020	24	12 103	(83)	(83)	(83)	334	A	12/07/2015	(83)	334	A	12/07/2015
254687-00-6	Walt Disney Co	195 000	20 491	105 082	20 491	7 777	429	20 491	2 724	2 724	2 724	83	A	01/01/2012	2 724	83	A	01/01/2012
26875P-00-1	EOG Resources Inc	45 000	0 265	70 793	0 265	6 471	54	0 265	(3 085)	(3 085)	(3 085)	334	A	09/14/2015	(3 085)	334	A	09/14/2015
290111-00-4	Emerson Electric Co	400 000	13 364	47 830	13 364	3 059	35	13 364	(5 560)	(5 560)	(5 560)	334	A	11/23/2004	(5 560)	334	A	11/23/2004
294429-00-5	Equifax Inc	20 000	13 364	367	13 364	2 759	35	13 364	606	606	606	334	A	11/11/2015	606	334	A	11/11/2015
29977A-00-5	Evercore Partners Inc	215 000	11 625	54 070	11 625	12 837	67	11 625	(1, 211)	(1, 211)	(1, 211)	334	A	11/06/2015	(1, 211)	334	A	11/06/2015
30231G-00-2	Exxon Mobil Corp	200 000	15 590	77 950	15 590	17 455	699	15 590	(2 656)	(2 656)	(2 656)	334	A	11/06/2015	(2 656)	334	A	11/06/2015
311900-00-4	Fastenal	500 000	20 410	40 820	20 410	19 550	69	19 550	(2 656)	(2 656)	(2 656)	334	A	08/14/2015	(2 656)	334	A	08/14/2015
315558-00-3	Glaxo Sciences Inc	80 000	8 095	01 188	8 095	9 78	97	8 095	(1 030)	(1 030)	(1 030)	334	A	10/09/2015	(1 030)	334	A	10/09/2015
3644G-00-4	Goldman Sachs Group Inc	10 000	19 825	80 227	19 825	22 968	409	19 825	(1 496)	(1 496)	(1 496)	334	A	08/07/2015	(1 496)	334	A	08/07/2015
437016-00-2	Home Depot Inc	270 000	35 708	132 252	35 708	22 496	900	22 496	(2 892)	(2 892)	(2 892)	334	A	04/23/2015	(2 892)	334	A	04/23/2015
46825H-00-0	JPMorgan Chase & Co	50 000	15 536	103 573	15 536	14 573	607	15 536	7 366	7 366	7 366	334	A	04/01/2015	7 366	334	A	04/01/2015
478516-00-6	Horseywell International Inc	50 000	103 573	15 536	103 573	14 573	607	15 536	964	964	964	334	A	01/16/2015	964	334	A	01/16/2015
478366-00-7	Johnson & Johnson	450 000	17 771	39 491	17 771	22 623	514	22 623	(4 851)	(4 851)	(4 851)	334	A	04/01/2015	(4 851)	334	A	04/01/2015
501441-00-1	The Kroger Co	750 000	3 373	41 831	3 373	2 552	583	2 552	(6 785)	(6 785)	(6 785)	334	A	09/06/2013	(6 785)	334	A	09/06/2013
518439-00-4	Estee Lauder Co Inc	200 000	17 612	88 060	17 612	0 529	362	0 529	2 372	2 372	2 372	334	A	08/10/2012	2 372	334	A	08/10/2012
546651-00-7	Lowes Companies Inc	50 000	11 406	76 040	11 406	0 201	30	0 201	1 205	1 205	1 205	334	A	07/11/2015	1 205	334	A	07/11/2015
57060D-00-8	Marathon Holdings Inc	140 000	5 623	111 593	5 623	11 208	24	5 623	4 415	4 415	4 415	334	A	02/18/2015	4 415	334	A	02/18/2015
594918-00-4	Microsoft Corp	800 000	44 383	55 479	44 383	14 289	1 223	44 383	7 223	7 223	7 223	334	A	07/12/2003	7 223	334	A	07/12/2003
60339F-00-1	Nextera Energy Inc	80 000	8 700	103 899	8 700	19 269	847	8 700	(569)	(569)	(569)	334	A	01/09/2015	(569)	334	A	01/09/2015
674599-00-5	Occidental Petroleum Corp	200 000	3 522	67 610	3 522	4 361	43	3 522	(540)	(540)	(540)	334	A	09/02/2015	(540)	334	A	09/02/2015
693475-00-5	PVC Financial Services	260 000	24 781	99 919	24 781	22 814	1 049	22 814	401	401	401	334	A	12/18/2014	401	334	A	12/18/2014
713448-00-8	PepsiCo Inc	60 000	5 987	99 919	5 987	5 585	710	5 585	1 061	1 061	1 061	334	A	01/29/2015	1 061	334	A	01/29/2015
741447-00-8	Price T Rowe Group Inc	250 000	17 873	71 490	17 873	2 604	1 819	2 604	(3 592)	(3 592)	(3 592)	334	A	06/30/2006	(3 592)	334	A	06/30/2006
776696-00-6	Roper Technologies Inc	80 000	189 788	69 750	189 788	13 860	88	13 860	(2 305)	(2 305)	(2 305)	334	A	03/30/2015	(2 305)	334	A	03/30/2015
806857-00-8	Schlumberger Ltd	60 000	11 160	375	11 160	6 497	375	6 497	(2 506)	(2 506)	(2 506)	334	A	10/12/2007	(2 506)	334	A	10/12/2007
863667-00-1	Stryker Corp	250 000	23 235	92 940	23 235	3 092	540	3 092	(348)	(348)	(348)	334	A	05/20/2011	(348)	334	A	05/20/2011
87512E-00-6	Target Corp	20 000	8 713	72 608	8 713	0 181	207	0 181	(467)	(467)	(467)	334	A	07/11/2015	(467)	334	A	07/11/2015
907818-00-8	Union Pacific Corp	100 000	7 820	78 200	7 820	6 244	451	6 244	(4 093)	(4 093)	(4 093)	334	A	12/14/2012	(4 093)	334	A	12/14/2012
913017-00-9	United Technologies Corp	90 000	8 646	96 060	8 646	3 417	570	3 417	(1 704)	(1 704)	(1 704)	334	A	01/01/2001	(1 704)	334	A	01/01/2001
91324P-00-0	United Health Group Inc	100 000	14 117	17 642	14 117	14 539	168	14 539	(432)	(432)	(432)	334	A	08/07/2015	(432)	334	A	08/07/2015
N63745-00-0	WendelBasis Inc CL A	60 000	3 304	86 900	3 304	5 734	538	5 734	(1 202)	(1 202)	(1 202)	334	A	08/23/2014	(1 202)	334	A	08/23/2014
66987V-00-9	Novartis AG ADR	210 000	8 068	86 038	8 068	0 341	929	0 341	(1 391)	(1 391)	(1 391)	334	A	01/01/2006	(1 391)	334	A	01/01/2006
G157C-00-1	Accenture PLC CL A	55 000	5 198	104 503	5 198	6 198	975	6 198	(1 391)	(1 391)	(1 391)	334	A	04/05/2013	(1 391)	334	A	04/05/2013

(continues)

(a) For all common stocks bearing the NAIC market indicator "U" provide the number of such issues

the total \$ value (included in Column B) of all such issues \$

SCHEDULE D - PART 2 - SECTION 2

Showing all COMMON STOCKS Owned December 31 of Current Year

1	2	Codes		5	6	Fair Value		9	Dividends			Change in Book/Adjusted Carrying Value				17	18
		3	4			7	8		10	11	12	13	14	15	16		
CUSIP Identification	Description	Code	Foreign	Number of Shares	Book/Adjusted Carrying Value	Rate Per Share Used to Obtain Fair Value	Fair Value	Actual Cost	Declared but Unpaid	Amount Received During Year	Nonadmitted Declared But Unpaid	Unrealized Valuation Increase/ (Decrease)	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B /A. C. V. (13 - 14)	Total Foreign Exchange Change in B. /A. C. V.	NAIC Market Indicator {a}	Date Acquired
Industrial and Miscellaneous (Unaffiliated) (continued)																	
G5960L-10-3	Medtronic PLC	R		200,000	15,384	76.920	15,384	15,547	95	304		(196)		(196)		A	03/30/2015
Y0486S-10-4	Avago Technologies LTD	R		225,000	32,659	145.151	32,659	28,130		237		4,354		4,354		A	11/15/2015
9099999	Industrial and Miscellaneous (Unaffiliated)				877,312		877,312	670,164	1,175	25,498		218		218			
9799999	Total Common Stocks				877,312		877,312	670,164	1,175	25,498		218		218			
9899999	Total Preferred and Common Stocks				914,328		914,328	705,326	1,573	27,677		1,664		1,664			

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Year

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends
Bonds - Industrial and Miscellaneous (Unaffiliated)								
949746-RN-3	Wells Fargo & Co		02/18/2015	National Financial Services		26,375		
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					26,375		
8399997	Subtotal - Bonds - Part 3					26,375		
8399999	Subtotal - Bonds					26,375		
Common Stocks - Industrial and Miscellaneous (Unaffiliated)								
025816-10-9	American Express		01/07/2015	ISI Group Inc	255 000	23,061		
65339F-10-1	Nextera Energy		01/09/2015	Instinet	295 000	31,580		
166764-10-0	Chevron Corporation		01/13/2015	Instinet	5 000	535		
30231G-10-2	Exxon Mobile		01/13/2015	Instinet	240 000	21,895		
09247X-10-1	Blackrock Inc		01/16/2015	CAP Institutional Services	45 000	15,446		
436516-10-6	Honeywell International		01/16/2015	CAP Institutional Services	260 000	25,260		
717081-10-3	Pfizer Inc		01/16/2015	CAP Institutional Services	795 000	25,833		
11133T-10-3	Broadridge Financial Solutions		01/26/2015	Morgan Stanley and Co	385 000	18,515		
713448-10-8	PepsiCo Inc		01/28/2015	Keybank Capital Markets	290 000	28,248		
437076-10-2	Home Depot Company		02/18/2015	CAP Institutional Services	25 000	2,790		
57060D-10-8	Marketaxess Holdings		02/18/2015	CAP Institutional Services	220 000	17,613		
G5960L-10-3	Medtronic PLC		03/30/2015	UBS Warburgh LLC	250 000	19,536		
776696-10-6	Roper Industries		03/30/2015	UBS Warburgh LLC	120 000	20,790		
437076-10-2	Home Depot Company		04/01/2015	Strategas Securities LLC	95 000	10,753		
46625H-10-0	JP Morgan Chase		04/01/2015	CAP Institutional Services	825 000	49,513		
478366-10-7	Johnson CTLS		04/15/2015	Strategas Securities LLC	660 000	33,180		
384802-10-4	Granger W W		04/23/2015	CAP Institutional Services	120 000	29,265		
Y0486S-10-4	Avago Technologies LTD		05/12/2015	CAP Institutional Services	165 000	21,281		
548661-10-7	Lowes Companies		07/17/2015	CAP Institutional Services	245 000	16,662		
87612E-10-6	Target Corp		07/17/2015	CAP Institutional Services	200 000	16,967		
38141G-10-4	Goldman Sachs Group Inc		07/29/2015	Instinet	10 000	2,066		
375558-10-3	Gilead Sciences Inc		08/07/2015	CAP Institutional Services	145 000	16,539		
G5960L-10-3	Medtronic PLC		08/07/2015	CAP Institutional Services	90 000	6,951		
91324P-10-2	United Health Group Inc		08/07/2015	CAP Institutional Services	130 000	15,781		
26875P-10-1	EOG Resources		08/14/2015	CAP Institutional Services	65 000	5,242		
30231G-10-2	Exxon Mobile		08/14/2015	CAP Institutional Services	65 000	5,139		
91324P-10-2	United Health Group Inc		08/14/2015	CAP Institutional Services	55 000	6,649		
674599-10-5	Occidental Petroleum Corp		08/21/2015	CAP Institutional Services	275 000	19,334		
054937-10-7	BB&T Corp		10/02/2015	CAP Institutional Services	345 000	11,965		
311900-10-4	Fastenal		10/09/2015	CAP Institutional Services	605 000	23,655		
Y0486S-10-4	Avago Technologies LTD		10/16/2015	CAP Institutional Services	30 000	3,623		
11133T-10-3	Broadridge Financial Solutions		10/16/2015	CAP Institutional Services	65 000	3,770		
12514G-10-8	CDW Corporation		10/16/2015	CAP Institutional Services	295 000	12,953		
594918-10-4	Microsoft Corp		10/16/2015	CAP Institutional Services	65 000	3,062		
29977A-10-5	Evercore		11/06/2015	Keybank Capital Markets	215 000	2,837		
Y0486S-10-4	Avago Technologies LTD		11/11/2015	Instinet	85 000	10,320		
294429-10-5	Equifax Inc		11/11/2015	Instinet	120 000	12,759		
594918-10-4	Microsoft Corp		11/11/2015	Instinet	10 000	537		
22822V-10-1	Crown Castle Intl		12/07/2015	CAP Institutional Services	140 000	12,020		
N53745-10-0	Lyondellbasell		12/07/2015	CAP Institutional Services	60 000	5,693		
054937-10-7	BB&T Corp		12/08/2015	CAP Institutional Services	75 000	2,974		
9099999	Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)					622,496		

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Year

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends
9799997 - Subtotal - Common Stocks - Part 3						622,496		
9799999 - Subtotal - Common Stocks						622,496		
9899999 - Subtotal - Preferred and Common Stocks						622,496		
9999999 - TOTALS						648,871		

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD , REDEEMED or Otherwise DISPOSED OF During Current Year

CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Contribution	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					Disposal Date	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Dividends Received During Year	Stated Contractual Maturity Date	
									11 Unrealized Increase/Decrease in Valuation	12 Current Years' (Amortization)/Accretion	13 Recognized Other-Temporary Impairment	14 Total Change in B /A C V	15 Total Foreign Exchange Change in B /A C V						
1		3	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21

037833-0-0	Apple Inc	03/30/2015	100 000	UBS Warburg LLC	2,534	7,732	7,732	(3 306)	(3 306)	7,732	4,792	4,792	2,112	3,666	5,727	968	2,768
037833-0-0	Apple Inc	08/10/2015	50 000	CAP Institutional Services	5,938	11,985	11,985	(5,124)	(5,124)	11,985	5,727	5,727	968	3,966	5,727	968	2,768
037833-0-0	Apple Inc	08/17/2015	25 000	CAP Institutional Services	2,901	5,933	5,933	(2,977)	(2,977)	5,933	2,768	2,768	968	3,966	2,768	968	2,768
037833-0-0	Apple Inc	10/26/2015	70 000	CAP Institutional Services	8,181	5,413	7,727	(2,314)	(2,314)	7,727	5,413	5,413	968	3,966	2,768	968	2,768
037833-0-0	Apple Inc	12/4/2015	50 000	CAP Institutional Services	5,512	3,789	3,224	(1,733)	(1,733)	3,789	2,768	2,768	968	3,966	2,768	968	2,768
037833-0-0	Apple Inc	08/17/2015	25 000	CAP Institutional Services	3,034	3,224	3,224	(184)	(184)	3,224	1,933	1,933	968	3,966	1,933	968	1,933
037833-0-0	Apple Inc	12/27/2015	30 000	CAP Institutional Services	4,266	3,869	3,755	(104)	(104)	3,869	3,937	3,937	968	3,966	3,937	968	3,937
037833-0-0	Apple Inc	03/30/2015	250 000	UBS Warburg LLC	6,932	5,363	6,964	(1,597)	(1,597)	5,363	5,363	5,363	759	5,363	759	759	5,363
037833-0-0	Apple Inc	08/17/2015	80 000	CAP Institutional Services	2,266	1,527	2,226	(339)	(339)	1,527	1,527	1,527	759	1,527	759	759	1,527
037833-0-0	Apple Inc	09/08/2015	120 000	Goldmans Sachs & Co Commissions	2,600	1,909	2,792	(873)	(873)	1,909	1,909	1,909	694	1,909	694	694	1,909
037833-0-0	Apple Inc	12/14/2015	200 000	CAP Institutional Services	5,220	3,818	5,563	(1,745)	(1,745)	3,818	3,818	3,818	1,402	3,818	1,402	1,402	3,818
037833-0-0	Apple Inc	01/16/2015	160 000	CAP Institutional Services	22,614	20,776	20,087	(2,397)	(2,397)	20,087	20,087	20,087	898	20,087	898	898	20,087
037833-0-0	Apple Inc	08/10/2015	310 000	CAP Institutional Services	8,454	3,138	9,219	(1,077)	(1,077)	3,138	3,138	3,138	968	3,966	3,138	968	3,138
037833-0-0	Apple Inc	08/17/2015	80 000	CAP Institutional Services	2,114	2,353	2,319	(25)	(25)	2,319	2,319	2,319	968	3,966	2,319	968	2,319
037833-0-0	Apple Inc	10/16/2015	320 000	CAP Institutional Services	29,347	29,410	30,335	(935)	(935)	29,410	29,410	29,410	968	3,966	29,410	968	29,410
037833-0-0	Apple Inc	03/30/2015	130 000	UBS Warburg LLC	7,993	6,099	6,026	(702)	(702)	6,026	6,026	6,026	968	3,966	6,026	968	6,026
037833-0-0	Apple Inc	08/17/2015	60 000	CAP Institutional Services	2,956	2,587	3,704	(1,117)	(1,117)	2,587	2,587	2,587	968	3,966	2,587	968	2,587
037833-0-0	Apple Inc	09/08/2015	50 000	Goldmans Sachs & Co Commissions	2,337	1,663	3,087	(1,424)	(1,424)	1,663	1,663	1,663	968	3,966	1,663	968	1,663
037833-0-0	Apple Inc	10/26/2015	100 000	CAP Institutional Services	4,790	3,326	6,173	(2,847)	(2,847)	3,326	3,326	3,326	1,464	3,326	1,464	1,464	3,326
037833-0-0	Apple Inc	01/31/2015	160 000	CAP Institutional Services	13,589	7,809	14,731	(6,922)	(6,922)	7,809	7,809	7,809	968	3,966	7,809	968	7,809
037833-0-0	Apple Inc	09/08/2015	25 000	Goldmans Sachs & Co Commissions	8,947	2,016	2,237	(227)	(227)	2,016	2,016	2,016	968	3,966	2,016	968	2,016
037833-0-0	Apple Inc	12/07/2015	115 000	CAP Institutional Services	1,500	6,942	10,289	(3,447)	(3,447)	6,942	6,942	6,942	968	3,966	6,942	968	6,942
037833-0-0	Apple Inc	08/10/2015	80 000	CAP Institutional Services	6,753	4,177	6,056	(1,885)	(1,885)	4,177	4,177	4,177	968	3,966	4,177	968	4,177
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional Services	4,991	4,562	4,402	130	130	4,562	4,562	4,562	968	3,966	4,562	968	4,562
037833-0-0	Apple Inc	12/23/2015	50 000	CAP Institutional													

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OHIO GRAPHIC ARTS HEALTH FUND

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD , REDEEMED or Otherwise DISPOSED OF During Current Year

CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value		Unrealized Increase/Decrease/Valuation	Current Years' Accretion (Amortization)/Impairment	Recognized Other-Temporary Impairment	Total Change in B / A C V	Total Foreign Exchange Change in B / A C V	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Dividends Received During Year	Bond Maturity Date
								10	9											
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21

65339F-10-1	Nektar Energy	08/10/2015	CAP Institutional Services	60	300	5.957	6.423	6.423	6.423				(3.385)	(3.385)	6.423	6.423		6.423	(566)
66997V-10-9	Novartis AG	08/17/2015	CAP Institutional Services	20	000	2.044	1.090	1.090	1.090				(1.914)	(1.914)	1.090	954	954	1.904	954
66997V-10-9	Novartis AG	10/26/2015	CAP Institutional Services	50	000	4.623	4.633	2.719	4.633				(1.914)	(1.914)	4.633	954	954	1.904	954
66997V-10-9	Novartis AG	12/14/2015	CAP Institutional Services	40	000	3.386	3.706	2.159	3.706				(1.547)	(1.547)	3.706	2.719	2.719	1.904	954
674599-10-5	Occidental Petroleum	08/17/2015	CAP Institutional Services	75	000	4.930	5.273	3.856	5.273						5.273	5.273	5.273	(343)	53
713448-10-8	PepsiCo Inc	10/26/2015	CAP Institutional Services	50	000	5.115	4.970	4.970	4.970						4.970	245	245	245	53
717081-10-8	Pfizer Inc	08/17/2015	CAP Institutional Services	75	000	2.628	2.437	2.437	2.437						2.437	191	191	191	91
717081-10-8	Pfizer Inc	10/09/2015	CAP Institutional Services	720	000	23.964	23.964	23.964	23.964				(3.703)	(3.703)	23.964	569	569	569	91
717081-10-8	Pfizer Inc	04/01/2015	Strategas Securities	320	000	24.134	22.367	22.367	22.367						22.367	773	773	773	91
593475-10-5	PNC Financial Services	08/17/2015	CAP Institutional Services	40	000	3.897	3.649	3.649	3.649						3.649	238	238	238	91
593475-10-5	PNC Financial Services	09/08/2015	Goldmans Sachs & Co Commissions	30	000	2.669	2.707	2.707	(69)						2.669	2	2	2	91
693475-10-5	PNC Financial Services	12/23/2015	CAP Institutional Services	40	000	3.942	3.510	3.510	(139)						3.510	332	332	332	91
74056P-10-4	Praxair	08/10/2015	CAP Institutional Services	60	000	6.914	7.774	7.774	(5.508)						7.774	649	649	649	91
74056P-10-4	Praxair	08/17/2015	CAP Institutional Services	30	000	3.337	1.133	1.133	(2.754)						1.133	264	264	264	91
74056P-10-4	Praxair	12/14/2015	CAP Institutional Services	50	000	5.260	6.478	6.478	(4.560)						6.478	988	988	988	91
74056P-10-4	Praxair	12/17/2015	CAP Institutional Services	120	000	12.235	15.547	15.547	(11.016)						15.547	704	704	704	91
741441-10-8	Price T Rowe	03/30/2015	UBS Warburg LLC	80	000	6.558	6.800	6.800	(39)						6.800	830	830	830	91
741441-10-8	Price T Rowe	08/11/2015	Goldmans Sachs & Co Commissions	60	000	4.559	5.122	5.122	(30)						5.122	(563)	(563)	(563)	91
741441-10-8	Price T Rowe	09/08/2015	Goldmans Sachs & Co Commissions	40	000	2.835	3.424	3.424	(19)						3.424	(612)	(612)	(612)	91
741441-10-8	Price T Rowe	12/14/2015	CAP Institutional Services	70	000	4.945	6.010	6.010	(514)						6.010	452	452	452	91
747525-10-3	Qualcomm Inc	01/28/2015	Keybank Capital Markets	280	000	26.734	16.711	16.711	(15.386)						16.711	11,023	11,023	11,023	91
747525-10-3	Qualcomm Inc	08/17/2015	CAP Institutional Services	40	000	1.680	1.733	1.733	(53)						1.733	234	234	234	91
765995-10-6	Roper Technologies	10/26/2015	CAP Institutional Services	30	000	5.198	5.198	5.198							5.198	598	598	598	91
808957-10-8	Schlumberger LTD	08/13/2015	CAP Institutional Services	55	000	2.099	9.686	9.686	(4.553)						9.686	343	343	343	91
808957-10-8	Schlumberger LTD	08/17/2015	CAP Institutional Services	55	000	4.514	2.504	2.504	(2.94)						2.504	2,070	2,070	2,070	91
808957-10-8	Schlumberger LTD	03/30/2015	UBS Warburg LLC	90	000	9.384	9.718	9.718	(2.772)						9.718	2,666	2,666	2,666	91
808957-10-8	Schlumberger LTD	09/11/2015	Goldmans Sachs & Co Commissions	40	000	4.082	2.541	2.541	(1.232)						2.541	1,501	1,501	1,501	91
808957-10-8	Schlumberger LTD	09/28/2015	Goldmans Sachs & Co Commissions	50	000	4.876	4.717	4.717	(1,540)						4.717	1,699	1,699	1,699	91
808957-10-8	Schlumberger LTD	10/26/2015	CAP Institutional Services	40	000	3.779	2.541	2.541	(1,232)						2.541	1,238	1,238	1,238	91
808957-10-8	Schlumberger LTD	09/29/2015	Goldmans Sachs & Co Commissions	30	000	2.323	2.545	2.545	(2,540)						2.545	1,506	1,506	1,506	91
808957-10-8	Schlumberger LTD	12/14/2015	UBS Warburg LLC	130	000	10.005	4.975	4.975	(3.472)						4.975	6,130	6,130	6,130	91
808957-10-8	Schlumberger LTD	04/01/2015	Strategas Securities	200	000	15.155	7.499	7.499	(3,343)						7.499	7,666	7,666	7,666	91
501044-10-1	The Krogger Co	08/17/2015	CAP Institutional Services	120	000	4.666	2.250	2.250	(1,603)						2.250	2,316	2,316	2,316	91
501044-10-1	The Krogger Co	09/08/2015	Goldmans Sachs & Co Commissions	90	000	3.107	2.889	2.889	(1,202)						2.889	1,420	1,420	1,420	91
501044-10-1	The Krogger Co	10/25/2015	CAP Institutional Services	90	000	3.388	1.687	1.687	(1,202)						1.687	7,701	7,701	7,701	91
501044-10-1	The Krogger Co	12/14/2015	CAP Institutional Services	200	000	9.222	3.427	3.427	(2,994)						3.427	4,795	4,795	4,795	91
501044-10-1	The Krogger Co	12/29/2015	CAP Institutional Services	150	000	6.385	4.816	4.816	(2,246)						4.816	3,793	3,793	3,793	91
587317-30-3	Time Warner Inc	03/30/2015	UBS Warburg LLC	80	000	6.866	6.864	6.864	50						6.864	6,864	6,864	6,864	91
587317-30-3	Time Warner Inc	08/11/2015	Goldmans Sachs & Co Commissions	60	000	4.879	4.784	4.784	(361)						4.784	115	115	115	91

4

1	CUSIP Identification	Description	3	4	Disposal Date	Name of Purchaser	5	6	Number of Shares of Stock	7	Consideration	8	Par Value	9	Actual Cost	10	Year Book/ Prior Carrying Value Adjusted	11	Unrealized Increase/ Decrease	12	Current Accretion/ Amortization	13	Current Years' Other-Temporary Impairment Recognized	14	Total Change in B / A, C V (+/-12-13)	15	Total Foreign Exchange Change in B / A, C V	16	Book/Adjusted Carrying Value at Disposal Date	17	Foreign Exchange Gain (Loss) on Disposal	18	Realized Gain (Loss) on Disposal	19	Total Gain (Loss) on Disposal	20	Bond Dividends Received/ Interest/ During Year	21	Contractual Maturity Date
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Common Stocks - Industrial and Miscellaneous (Unaffiliated) (continued)

[illegible]

SCHEDULE DA - PART 1

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes		5 Date Acquired	6 Name of Vendor	7 Maturity Date	8 Book/Acquired Carrying Value	Change in Book/Acquired Carrying Value				13 Par Value	14 Actual Cost	Interest					21 Paid for Accrued Interest										
		3	4					9 Unrealized Valuation Increase/ (Decrease)	10 Current Year's (Amortization) / Accretion	11 Current Year's Other-Than- Temporary Impairment Recognized	12 Total Foreign Exchange Change in B /A C V			15 Amount Due and Accrued Dec. 31 of Current Year on Bond Not in Default	16 Non-Admitted Due and Accrued	17 Rate of	18 Effective Rate of	19 When Paid		20 Amount Received During Year									
Other Short-Term Invested Assets																													
Huntington Conservative Deposit Account																				12/31/2015	Huntington Bank	12/31/2016	7.891						
9099999 - Subtotal - Other Short-Term Invested Assets																							7.89*						
9199999 - TOTAL Short-Term Investments																							7.89*						

SCHEDULE E - PART 1 - CASH

1		2	3	4	5	6	7
Depository				Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year		
Name	Location and Supplemental Information	Code	Rate of Interest			Balance	*
Open Depositories							
Huntington Bank	Cash in Bank						(726)
0199999 - TOTAL - Open Depositories							(726)
0399999 - TOTAL Cash on Deposit							(726)
0699999 - TOTAL Cash							(726)

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January		4. April		7. July		10. October	
2. February		5. May		8. August		11. November	
3. March		6. June		9. September		12. December	